

NATIONAL INSTITUTE ON DRUG ABUSE

COMMUNITY EPIDEMIOLOGY WORK GROUP



COMMUNITY EPIDEMIOLOGY WORK GROUP

**EPIDEMIOLOGIC TRENDS
IN DRUG ABUSE**

Volume I

**Proceedings of the Community
Epidemiology Work Group**

Highlights and Executive Summary

December 2001

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This publication, Volume I, is based primarily on papers presented and data reported by CEWG representatives from 21 areas at the December 2001 CEWG meeting. The full edited text from those reports appears in Volume II. Volume II also contains the full edited text of special reports.

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FOREWORD

The Community Epidemiology Work Group (CEWG) is a drug abuse surveillance network established in 1976 by the National Institute on Drug Abuse, National Institutes of Health. It is composed of researchers from 21 sentinel areas of the United States who meet semiannually to present and discuss quantitative and qualitative data related to drug abuse. Through this program, the CEWG provides current descriptive and analytical information regarding the nature and patterns of drug abuse, emerging trends, characteristics of vulnerable populations, and social and health consequences.

The 51st meeting of the CEWG, held in San Diego, California, on December 11–14, 2001, provided a forum for presentation and discussion of drug abuse data in the United States, Canada, and Mexico. The venue in San Diego afforded the opportunity for presentation and discussion of drug abuse-related issues of special concern to the local community. These included presentations on three local efforts to combat and treat substance abuse; a panel discussion by methamphetamine abusers on the problems associated with abuse of this drug; an effort to reduce teen drinking on both sides of the border (San Diego and Tijuana); and the impact of California's Substance Abuse and Crime Prevention Act (Proposition 36) on the treatment system. An official of the Drug Enforcement Administration described data sources used by the agency to track seizures of 3-4 methylenedioxymethamphetamine (MDMA) and determine the quality of drugs and an official of the Substance Abuse and Mental Health Services Administration conducted a workshop on the Drug Abuse Warning Network's Emergency Department data collection methods, reporting procedures, and the new type of information that will be available in the near future.

Presentations at the meeting focused on unique and local aspects of drug abuse and social health consequences that have confronted and continue to concern the city of San Diego. They also served to capture the diversity and community-based nature of drug abuse, its emergence in the community, and its resolution by the community. They underscored, once again, the necessity of establishing effective networks of drug abuse surveillance at the local level in communities throughout the world.

Nicholas J. Kozel

Division of Epidemiology, Services and Prevention Research
National Institute on Drug Abuse

CONTENTS

FOREWORDiii
---------------------------	------

LIST OF PAPERS IN VOLUME IIvii
--	------

INTRODUCTION . . . . .	.1
Data Sources . . . . .	.1
A Note to the Reader . . . . .	.1

CEWG REPORTS—UNITED STATES3
---	----

KEY FINDINGS3
-------------------------------	----

COCAINE/CRACK . . . . .	.5
Overview . . . . .	.5
DAWN ED Data on Cocaine/Crack . . . . .	.6
Treatment Data on Cocaine/Crack Admissions . . . . .	.12
ADAM Data on Cocaine/Crack . . . . .	.13
Powder Cocaine Availability, Price, and Purity . . . . .	.15
Crack Cocaine Availability, Price, and Purity . . . . .	.16

HEROIN . . . . .	.18
Overview . . . . .	.18
DAWN ED Data on Heroin/Morphine . . . . .	.18
Treatment Data on Primary Heroin Admissions . . . . .	.21
ADAM Data on Opiates . . . . .	.22
Heroin Availability, Price, and Purity . . . . .	.23

OTHER OPIATES . . . . .	.27
Overview . . . . .	.27
Hydrocodone and Oxycodone . . . . .	.27
Codeine . . . . .	.31

MARIJUANA . . . . .	.32
Overview . . . . .	.32
DAWN ED Data on Marijuana . . . . .	.32

Treatment Data on Marijuana Admissions . . . . .	.34
ADAM Data on Marijuana . . . . .	.34
Marijuana Availability, Price, and Purity . . . . .	.36

METHAMPHETAMINE . . . . .	.38
Overview . . . . .	.38
DAWN ED Data of Methamphetamine . . . . .	.40
Treatment Data on Methamphetamine . . . . .	.41
ADAM Data on Methamphetamine . . . . .	.41
Methamphetamine Availability, Price, and Purity . . . . .	.42

3,4-METHYLENEDIOXYMETHAMPHETAMINE (MDMA) . . . . .	.45
Overview . . . . .	.45
DAWN ED Data on MDMA . . . . .	.46
Mortality and MDMA . . . . .	.46
Treatment Data on MDMA . . . . .	.47
Physical Consequences of MDMA/Ecstasy Use . . . . .	.48
MDMA/Ecstasy and Multiple Drug Use . . . . .	.48
Manufacture and Trafficking of MDMA . . . . .	.49
Seizures of MDMA . . . . .	.49
Availability, Price, and Purity of MDMA . . . . .	.51

GAMMA HYDROXYBUTYRATE (GHB) . . . . .	.52
Overview . . . . .	.52
DAWN ED Data on GHB . . . . .	.54
Treatment Data on GHB . . . . .	.56
Availability, Price, and Purity of GHB . . . . .	.56

PHENCYCLIDINE (PCP) . . . . .	.57
Overview . . . . .	.57
DAWN ED Data on PCP/PCP Combinations . . . . .	.57
Mortality and PCP . . . . .	.57
Treatment Data on PCP . . . . .	.57

ADAM and Other Arrestee Data on PCP . . . . .	.57
Patterns of PCP Use and Manufacturing . . . . .	.58
Seizure Data on PCP . . . . .	.58
Price Data on PCP . . . . .	.58
LYSERGIC ACID DIETHYLAMIDE (LSD) . . .	.59
Overview . . . . .	.59
DAWN ED Data on LSD . . . . .	.60
Treatment Data on LSD . . . . .	.60
Availability, Price, and Purity of LSD . . . .	.60
DEXTROMETHORPHAN (DXM) . . . . .	.62
INFECTIOUS DISEASES RELATED TO DRUG USE . . . . .	.63
HIV and AIDS . . . . .	.63
Hepatitis B and C . . . . .	.63

APPENDICES

APPENDIX A

The Drug Abuse Warning Network (DAWN)
Emergency Department Data

APPENDIX B

The Arrestee Drug Abuse Monitoring (ADAM)
Program

APPENDIX C

The Domestic Monitor Program (DMP)

APPENDIX D

Total Admissions by Primary Substance of Abuse
and CEWG Area

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LIST OF PAPERS IN VOLUME II

ATLANTA	Metropolitan Atlanta Drug Use Trends <i>Katherine P. Theall, Claire E. Sterk, and Tara McDonald</i>
BALTIMORE	Drug Use in the Baltimore Metropolitan Area: Epidemiology and Trends, 1996–2000 <i>Leigh A. Henderson</i>
BOSTON	Drug Use Trends in Greater Boston and Massachusetts <i>Thomas W. Clark and Elsa A. Elliot</i>
CHICAGO	Patterns and Trends of Drug Abuse in Chicago <i>Lawrence Ouellet, Kujtim Sadiku, Susan Bailey, and Wayne Wiebel</i>
DENVER	Patterns and Trends in Drug Abuse: Denver and Colorado <i>Bruce Mendelson</i>
DETROIT	Drug Abuse Trends in Detroit/Wayne County and Michigan <i>Richard F. Calkins</i>
HONOLULU	Illicit Drug Use in Honolulu and the State of Hawaii <i>D. William Wood</i>
LOS ANGELES	Patterns and Trends in Drug Abuse: Los Angeles County, California <i>Beth Finnerty and T. Kiku Annon</i>
MIAMI	Drug Abuse in Miami and South Florida <i>Joe Spillane, Madeline Camejo, and James N. Hall</i>
MINNEAPOLIS	Drug Abuse Trends in Minneapolis/St. Paul, Minnesota <i>Carol Falkowski</i>
NEWARK	Patterns of Drug Abuse in Newark <i>Abate Mammo</i>
NEW ORLEANS	Drug Abuse Indicators in New Orleans <i>Gail Thornton-Collins</i>
NEW YORK CITY	Drug Use Trends in New York City <i>Rozanne Marel, John Galea, Kenneth A. Robertson, and Robinson B. Smith</i>
PHILADELPHIA	Drug Use in Philadelphia, Pennsylvania <i>Samuel J. Cutler, Mark R. Bencivengo, John H. Gossard, and Richard C. Jones</i>
PHOENIX	Drug Abuse Trends in Phoenix and Arizona <i>Ilene L. Dode</i>
ST. LOUIS	Patterns and Trends in Drug Abuse: St. Louis <i>Heidi Israel Adams and Jim Topolski</i>
SAN DIEGO	Indicators of Drug Abuse in San Diego County <i>Michael Ann Haight</i>
SAN FRANCISCO	Patterns and Trends of Drug Use in the San Francisco Bay Area <i>John A. Newmeyer</i>

-
- SEATTLE Recent Drug Abuse Trends in the Seattle-King County Area
*Ellen Silverman, Arnold F. Wrede, Caleb Banta-Green,
T. Ron Jackson, Kris Nyrop, Steve Freng, Susan Kingston,
Michael Hanrahan, Hanne Thiede, Jon Nakagawara
Richard Harruff, Nikki Fillipi, Mark McBride, and Ann Forbes*
- TEXAS Substance Abuse Trends in Texas—December 2001
Jane Carlisle Maxwell
- WASHINGTON, D.C. Patterns and Trends of Drug Abuse in Washington, D.C.: December 2001
Alfred Pach, Jerry Brown, and Marianna Toce

Special Papers

- CANADA Highlights from the 2001 Ontario Student Drug Use Survey
Edward M. Adlaf
- Drug Use in Edmonton (2000): A CCENDU Fact Sheet
Cameron Wild
- MEXICO Update of the Epidemiologic Surveillance System of Addictions (SISVEA) Mexico:
January–June, 2001
*Roberto Tapia-Conyer, Patricia Cravioto, Pablo Kuri, Fernando Galvan, and
Blanca de la Rosa*

INTRODUCTION

The 51st meeting of the Community Epidemiology Work Group (CEWG) was held in San Diego, California, on December 11–14, 2001. During this meeting, 21 CEWG representatives reported on current drug trends and patterns in their areas. The key findings and executive summary that follow are based on these reports.

Data Sources

To assess drug abuse patterns and trends, city- and State-specific data are gathered and compiled from a variety of drug abuse indicator sources. Sources include public health agencies, medical and treatment facilities, criminal justice and correctional offices, law enforcement agencies, surveys, and other sources unique to local areas, including those described below.

Drug-related emergency department (ED) mentions, as reported by local EDs and poison control centers, and by the Drug Abuse Warning Network (DAWN) of the Substance Abuse and Mental Health Services Administration (SAMHSA). DAWN data represent estimated numbers of mentions and rates per 100,000 population. DAWN data are obtained from sampled hospitals in 21 metropolitan areas; 20 are CEWG areas. DAWN collects information on “episodes” and “mentions” of illegal drugs or nonmedical use of legal drugs among persons seen in sampled EDs. (The number of episodes is not equivalent to the number of patients, because one person may make repeated visits to the ED. In each episode, a person may mention more than one drug, and each drug is counted in a discrete drug category). More detailed information on the DAWN data is presented in Appendix A.

Drug-related deaths, as reported on death certificates by medical examiner (ME)/local coroner offices, by State public health agencies, or by SAMHSA in the DAWN Medical Examiner (ME) data. DAWN ME does not report all drug overdose deaths in an area because information is collected from only a selected group of medical examiners in an area. An episode report, including demographic information and circumstances of death for each decedent, is included in the report. While drug

abuse deaths frequently involve overdoses, they also include deaths in which drug use was a contributing factor.

Primary substance of abuse of clients at admission to treatment programs is derived from local treatment agencies or State substance abuse agencies, most of which report data to the Treatment Episode Data Set (TEDS), maintained by SAMHSA.

Arrestee urinalysis results are based primarily on data collected by the Arrestee Drug Abuse Monitoring (ADAM) program of the National Institute of Justice (NIJ). (Additional information on ADAM is provided in Appendix B.)

Seizure, price, purity, prescription/distribution, and arrest data are obtained from the Drug Enforcement Administration (DEA) and from State and local law enforcement agencies. Included in some reports are data from DEA’s Domestic Monitor Program (DMP) on drug sources, types, cost, and purity of retail-level heroin, based on undercover heroin purchases by DEA in selected cities. (See Appendix C for additional details on the Domestic Monitor Program.)

Other sources of quantitative drug abuse indicator data include surveys (e.g., of the general and school populations), helplines, and poison control centers.

Quantitative data are enhanced with information obtained through qualitative research—field reports, focus groups, key informant interviews, and other methods. Qualitative data are interspersed throughout this document.

A Note to the Reader

The information in this report is typically organized by specific drug of abuse. Note, however, that multiple-drug abuse is a common pattern among a broad range of substance abusers. Furthermore, most indicators do not differentiate between powder cocaine and crack.

DAWN ED—Because the same individual may be represented in different episodes, and each episode may result in a mention of more than one drug, these data cannot be used to estimate prevalence of use for any drug.

Mortality—Definitions associated with drug deaths vary. Common reporting terms include “drug related,” “drug induced,” “drug involved,” and “drug detections.” These terms have different meanings in different areas of the country. In some cases, and some data systems, every drug detected in a decedent’s body may be reported, so it cannot be assumed that a person died of an overdose of any particular drug (e.g., a death certificate may show that heroin was found in the body of a person who died from pneumonia).

Treatment admissions—Many factors affect treatment admission numbers, including program emphasis, slot capacity, data collection methods, and reporting periods. While most CEWG areas report citywide or county data, Hawaii, Illinois, and Texas report statewide data. Also, in their site reports, some CEWG members use total admissions as a denominator in calculating percentages of primary admissions for a particular drug, some exclude “alcohol-only” but include “alcohol-in-combination,” while others exclude both alcohol-only and alcohol-in-combination.

Arrests and seizures—The number of arrests, seizures, and quantity of drugs confiscated often reflect enforcement policy rather than levels of abuse.

The following methods were used in making area comparisons in this document:

- Most DAWN ED data are based on data files run by SAMHSA in 2001. These data often reflect weighted estimates of the number of mentions based on a sample of hospital emergency departments.
- Long-term ED trend data typically cover the period of 1990 or the mid-1990s through 2000. Most short-term comparisons are based on data for 1999 versus 2000. Increases or decreases that meet standards of precision at $p < 0.05$ are reported.

- Unless otherwise specified, all percentages for treatment program admissions exclude alcohol-only and alcohol-in-combination. Comparisons are for 1999 versus 2000. Available data for 2000 on total admissions, including alcohol-only and alcohol-in-combination are presented by CEWG area in Appendix D. Data for the first half of 2001 are reported when available.
- ADAM arrestee urinalysis data are based on full-year figures for 2000. Data may not be compared with earlier time periods because of substantial changes in data collection and reporting in 2000 (see Appendix C).
- Heroin purity levels per milligram were obtained from the DEA Domestic Monitor Program, Intelligence Division, Domestic Unit. Data are for 2000. More current data are not available.
- Cumulative totals of AIDS cases for the total United States are based on the *HIV/AIDS Surveillance Report* 12(1):8,9,12, 2000, from the Centers for Disease Control and Prevention (CDC).

Local areas and agencies vary in their reporting periods, e.g., some indicators are based on fiscal years while others are based on calendar years.

Some indicator data are unavailable in certain areas. The symbol “NR” in tables refers to data not reported.

For ADAM data, “NS” means that a particular group was not sampled in a particular area.

CEWG REPORTS— UNITED STATES

KEY FINDINGS

Data from the 51st CEWG meeting portrayed both the similarities and differences in drug abuse patterns within and across CEWG areas, as well as changes in trends over time. The findings presented in this report are based primarily on comparisons of 1999 and 2000 data. In some instances, the findings are supplemented by data from earlier periods and data from the first half of 2001. The major findings are highlighted below.

Cocaine/Crack

Although still at high levels, cocaine/crack indicators decreased in 10 CEWG areas, remained stable or mixed in 9, and increased in 2 (Atlanta and Seattle). In 2000, rates of DAWN ED cocaine mentions per 100,000 population were higher than those for heroin/morphine in 16 of the 20 CEWG sites included in DAWN, and also were higher in all CEWG sites than rates for marijuana and methamphetamine. Excluding alcohol, primary treatment admissions in 2000 for cocaine/crack were highest in Atlanta (70.3 percent), followed by Philadelphia (48.1 percent), and lowest in Newark (9.0 percent). Treatment admissions data for 2000 show that crack cocaine accounted for a substantially greater percentage of primary admissions than powder cocaine in the 16 CEWG areas that reported on route of administration of cocaine. Adult arrestees in all ADAM CEWG sites in 2000 were more likely to test positive for cocaine than opiates; in all 15 sites where both adult males and females were tested, females were more likely to test positive for cocaine than marijuana. Indicators suggest that crack use has decreased as powder cocaine has become more available in some CEWG areas including Denver, Miami/South Florida, Phoenix, the Texas border, and Washington, D.C. Powder cocaine and crack remain widely available in CEWG sites, but prices vary across areas.

Heroin

Heroin use indicators increased in 15 CEWG areas, remained stable in 2, and decreased in 4. Decreases were reported in Hawaii, Los Angeles, San Francisco, and Seattle, areas where Mexican black tar heroin is the primary type available. Heroin is relatively cheap, widely available, and of high purity in East Coast cities including

Boston, New York, Newark, and Philadelphia. In 2000, rates per 100,000 population of DAWN ED heroin/morphine mentions were higher than those for cocaine in four CEWG areas (Baltimore, Newark, San Diego, and San Francisco), and higher than rates for marijuana and methamphetamine in eight CEWG areas. In 2000, primary heroin treatment admissions (excluding alcohol) were especially high in Newark (83.8 percent), Boston (69.1 percent), and Baltimore (64.3 percent), and accounted for approximately 55–57 percent of primary admissions in Los Angeles and San Francisco. In 13 ADAM CEWG sites in 2000, the percentages of adult male arrestees testing opiate-positive were 10 percent or less, as were those for females in 12 CEWG areas. The percentages testing opiate-positive were particularly high in Chicago, New York, and Philadelphia. DMP data show that heroin purity levels are highest east of the Mississippi River where South American heroin dominates (43.9 percent purity compared with 28.5 percent west of the Mississippi where Mexican heroin dominates). Heroin was available to varying degrees in all CEWG reporting areas but price varied across areas.

Other Opiates

Indicators of the illicit use of prescription semisynthetic narcotic drugs, such as oxycodone and hydrocodone, increased in the 14 CEWG areas that reported on these drugs. The number of DAWN oxycodone ED mentions in 2000 were highest in Philadelphia (195), Boston (122), and Seattle (94). Local Boston ED data show even higher numbers of ED mentions than DAWN in 2000—196 for hydrocodone and 590 for oxycodone, with both representing increases from 1999. Deaths involving hydrocodone, oxycodone, or both were reported from Atlanta, Detroit, Miami (Dade and Broward Counties), Philadelphia, and Texas. Los Angeles reported that there are numerous chat rooms on the Internet devoted to OxyContin and how it can be illegally purchased. Law enforcement agencies are encountering significant problems with oxycodone in Detroit, Los Angeles, and areas in Colorado. Abuse of codeine (in pill and cough syrup form) was reported as a problem in six CEWG areas, and remains the most widely abused other opiate in Detroit.

Marijuana

Marijuana use indicators increased in 12 CEWG areas, remained stable or mixed in 8, and decreased in 1 (Atlanta). Marijuana ED mentions, arrests, and treatment admissions have been increasing. There is reportedly less stigma associated with the use of this drug than in prior years, and it is widely available in all CEWG and

surrounding areas. In 2000, rates per 100,000 population of DAWN ED marijuana mentions increased in the total (coterminus) United States, and did so significantly in 7 CEWG areas. There were no decreases in DAWN marijuana ED rates in the other 13 CEWG areas included in DAWN. Excluding alcohol admissions, nearly one-half of primary treatment admissions in Minneapolis/St. Paul and 37 percent of admissions in New Orleans in 2000 were for primary abuse of marijuana, while those in New York, Philadelphia, San Diego, Seattle, and the States of Hawaii, Illinois, and Texas ranged between 20.5 and 32.3 percent. In the CEWG sites in the ADAM program in 2000, the percentages of males testing marijuana-positive were higher than those testing cocaine-positive in 13 sites. Marijuana was widely available in all CEWG areas and prices varied by area and the type and quality of the drug.

Methamphetamine

Methamphetamine use indicators increased in six of the seven CEWG areas that typically have relatively high rates of ED methamphetamine mentions and/or high percentages of primary methamphetamine treatment admissions. These include Denver, Hawaii, Los Angeles, Phoenix, San Diego, and Seattle. San Francisco was the only area reporting a decrease in methamphetamine indicators in 2000–01. Increases in methamphetamine indicators were also reported in Atlanta, Minneapolis/St. Paul, St. Louis, and cities in Texas. Chicago, Detroit, New York, Philadelphia, and Washington, D.C., reported increases in methamphetamine availability and use, but still at low levels. Treatment admissions in 2000 for primary methamphetamine abuse were less than 6 percent of such admissions in Denver, Philadelphia, and Washington, D.C., but were especially high in Hawaii (46.6 percent) and San Diego (45.3 percent). In the ADAM program in 2000, approximately 36 percent of adult male arrestees and 47 percent of females tested methamphetamine-positive in Honolulu, as did 26 percent of males and 29 percent of females in San Diego, 19 percent of males and 24 percent of females in Phoenix, 12 percent of females in Los Angeles, and 22 percent of adult females in Seattle. Widespread or steady availability of methamphetamine was reported in Denver, Phoenix, San Diego, and Texas. Availability increased in Atlanta, Detroit, Seattle, and Washington, D.C., but decreased in Chicago and San Francisco. Purity levels of crystal methamphetamine (“ice”) were close to 100 percent in Honolulu and 90–95 percent in Phoenix. The Mexican form of methamphetamine is less pure (20–40 percent in Phoenix). Prices were relatively stable in most areas but increased for some quantities in Denver, Phoenix, and Washington, D.C.

Club Drugs

MDMA indicators increased in 19 CEWG areas and remained stable at low levels in 2 (New Orleans and Newark). Although the numbers of DAWN MDMA ED mentions are still low compared with those for other drugs, they have been increasing dramatically in most CEWG areas. Use of MDMA continues to spread beyond “raves” and nightclubs, but still is referred to by the generic term “club drug.” Although still small, the numbers of persons being admitted for treatment for MDMA abuse is increasing in Denver, Minneapolis/St. Paul, and Texas, and deaths associated with MDMA were reported in seven CEWG areas. In recent years, according to the DEA, clandestine laboratories in Belgium and the Netherlands and have produced 80 percent of the MDMA consumed worldwide. There have been reports of attempts to establish clandestine MDMA labs in CEWG sites, including Minneapolis, San Diego, and areas of Michigan and South Florida. Ecstasy continues to be used as a synonym for the drug MDMA. However, forensic analysis has established that the active ingredients in the pills and capsules sold as ecstasy are no longer exclusively MDMA. Pills sold as ecstasy are easily available and typically sell for \$20–\$30 each.

PCP

PCP indicators, reported in 14 CEWG areas, suggest that abuse of this drug is not widespread. However, there is evidence of increased abuse of this drug in some CEWG areas. Rates of DAWN PCP mentions per 100,000 population increased between 1999 and 2000 in 5 CEWG areas with the highest rates—Chicago, Philadelphia, Los Angeles, Seattle, and Washington, D.C. Rates in these cities ranged from a low of 5.9 in Seattle to a high of 16.6 in Chicago. Rates, although less than 5 per 100,000 population, also increased in Baltimore, Dallas, and San Francisco. Los Angeles reported 51 PCP-related deaths in 2000 and Philadelphia reported 22. Treatment admissions for primary PCP abuse remained low, accounting for less than 1 percent of admissions in most CEWG areas. PCP primary treatment admissions increased in Newark and Los Angeles. Only small percentages of adult and juvenile arrestees in ADAM CEWG sites in 2000 tested PCP-positive, with the highest percentage (4.8) being among adult males in Houston. PCP prices remain stable in seven reporting CEWG areas, with the exception of Los Angeles where the price declined since the June 2001 reporting period.

COCAINE/CRACK

Overview

In most CEWG areas, cocaine/crack indicators have been stabilizing and trending down for some time. Between 1999 and 2000, cocaine/crack indicators decreased in 10 areas, were stable or mixed in 9, and increased in only 2. Nevertheless, cocaine/crack continues to be a dominant drug of abuse, as evidenced by the fact that rates of DAWN cocaine ED mentions tended to be much higher than the rates for other drugs. In 2000–2001, large proportions of clients entering drug abuse treatment programs for illicit drug use were primary cocaine/crack abusers, with smoked cocaine (usually crack) accounting for a majority of this admissions group. ADAM data continue to show that high percentages of arrestees test positive for cocaine, with females more likely than males to test positive.

Crack indicators continued to increase in some CEWG areas despite the fact that abuser levels were already high, new drugs have emerged in recent years, other drugs have become more available and less expensive, and crack has a bad reputation on the street. As stated in the Washington, D.C., report, “Crack is viewed in a negative light and is not considered popular among new drug abusers. Crack is associated with violent and desperate behavior in disadvantaged communities in D.C. In other D.C. communities, crack is also eschewed by middle-class users of illicit substances.”

Increases from 1999 to 2000–01 in cocaine/crack indicators were reported only in two areas:

Atlanta *After a steady decline, increases in cocaine indicators were reported in 2000. The rate of ED mentions increased from 189 in 1999 to 221 in 2000. In 2000, 48.5 percent of male and 57.6 percent of female arrestees tested positive for cocaine. Almost one-half (48.6 percent) of treatment admissions were for cocaine/crack abuse.*

Seattle *Indicators of cocaine use have shown an increase to higher historical levels after several years of decline. The rate of 2000 cocaine ED mentions increased from 130 in 1999 to 169 in 2000. In the past 3 years, 12 percent of all admissions to treatment were for primary cocaine abuse.*

The following excerpts are from CEWG areas reporting increased use of powder cocaine:

Denver *Cocaine injecting declined from 1995 (12.4 percent) through 1998 (10.6 percent), but increased slightly to 13.7 percent in the first half of 2001. Smoking percentages, though level at 67.2 percent in 1995 and 1996, have since declined steadily to a low of 56.7 percent in the first half of 2001. Conversely, inhalation has been steadily increasing from 17.6 percent in 1995 to 26.3 percent in the first half of 2001. This is probably related to the increased availability of cocaine hydrochloride (HCl).*

Miami/South Florida *There were 4,383 cocaine and crack DAWN ED mentions reported in 2000 for Miami-Dade County. Of this number 2,645 (60.3 percent) were for powder cocaine and 1,712 mentions (39.1 percent) were for crack.*

Phoenix *Cocaine HCl is consistently available throughout the Phoenix, Tucson, and Nogales areas of Arizona, according to DEA.*

Texas *Powder cocaine inhalers tend to be Hispanic and injectors Anglo. Deaths related to cocaine continue to increase.*

Washington, D.C.

Especially in the northwest quadrant of the city, ethnographic respondents report that cocaine HCl is used by members of Washington's professional class in straight and gay nightclubs and dance party settings in certain affluent neighborhoods in D.C. Ethnographic data suggest that crack cocaine is used predominantly by African-Americans and other disadvantaged minorities in the District.

DAWN ED Data on Cocaine/Crack

Exhibit 1 shows DAWN ED rates per 100,000 population in 2000 by CEWG area and drug type. As shown, rates for DAWN ED cocaine/crack mentions exceeded those for marijuana/hashish and methamphetamine/speed in all 20 CEWG areas covered in DAWN. Cocaine/crack rates exceeded those for heroin/morphine in 16 CEWG areas.

Exhibit 1. Rates of DAWN ED Mentions Per 100,000 Population of Cocaine/Crack, Heroin, Marijuana, and Methamphetamine by CEWG Metropolitan Area: 2000

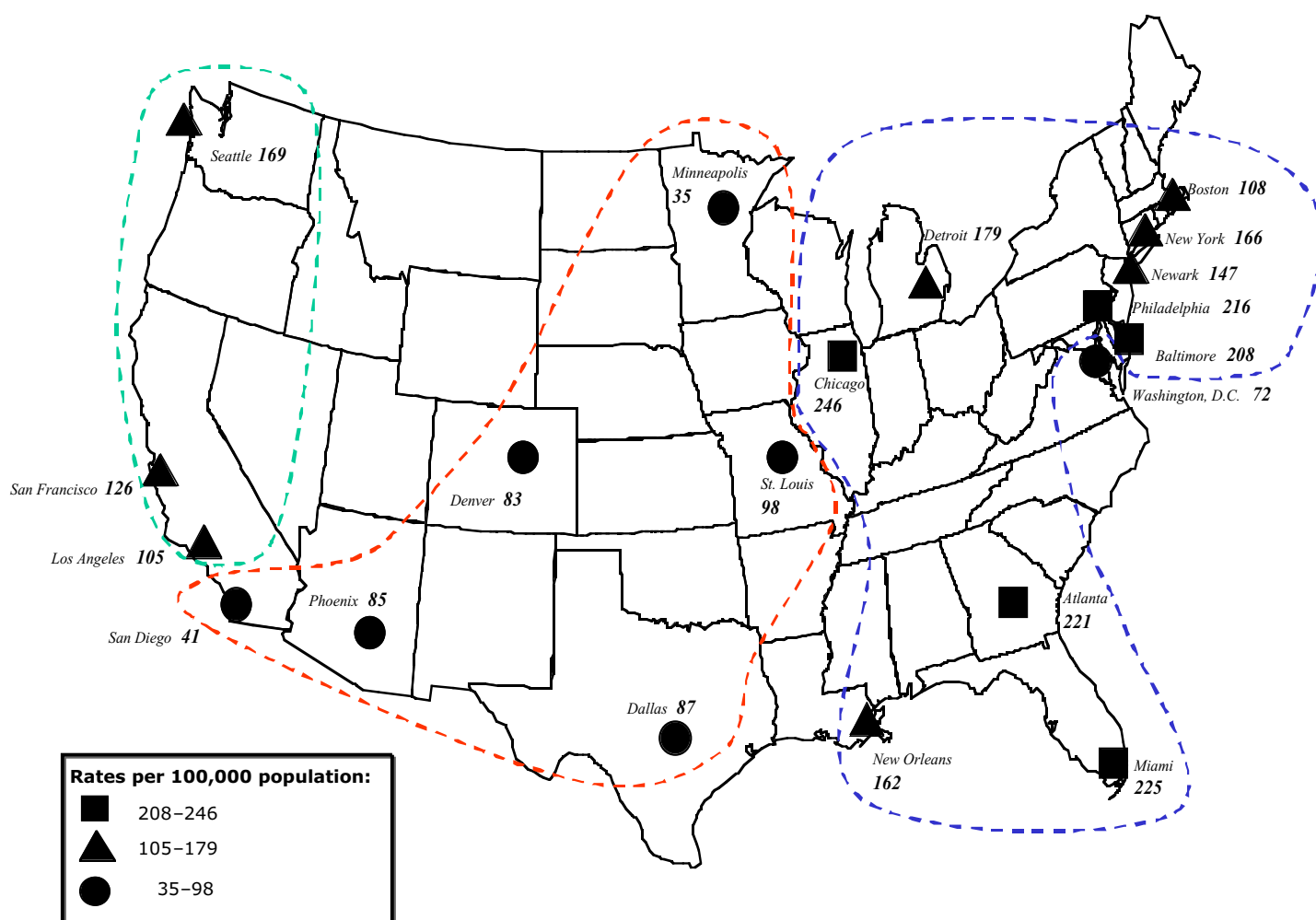
CEWG Area	Cocaine/ Crack	Heroin	Marijuana	Methamphetamine
Atlanta	221	18	86	4
Baltimore	208	227	68	0
Boston	108	103	78	0
Chicago	246	208	89	0
Dallas	87	20	49	5
Denver	83	42	51	7
Detroit	179	77	99	0
Los Angeles/Long Beach	105	37	67	16
Miami/Hialeah	225	75	91	1
Minneapolis/St. Paul	35	10	33	6
New Orleans	162	81	87	2
New York	166	128	41	0
Newark	147	238	29	0
Philadelphia	216	97	101	1
Phoenix	85	43	51	29
St. Louis	98	46	72	7
San Diego	41	44	39	31
San Francisco	126	170	38	27
Seattle	169	128	72	2
Washington, D.C.	72	19	28	5

SOURCE: Office of Applied Studies, SAMHSA

The same pattern appears for DAWN episodes across the coterminous United States sites. Cocaine/crack use was reported in 29 percent of drug episodes, compared with 16 percent for heroin/morphine, 16 percent for marijuana/hashish, and 2 percent for methamphetamine/speed. Mentions of alcohol in combination with other drugs occurred in 34 percent of the ED drug episodes in 2000.

The rates per 100,000 population for cocaine/crack ED mentions in 2000 are depicted on the map in exhibit 2 for each CEWG area. As shown, rates of cocaine/crack ED mentions exceeded 200 per 100,000 population in 5 CEWG areas: Chicago (246), Miami (225), Atlanta (221), Philadelphia (216), and Baltimore (208).

Exhibit 2. Summary of Rates of DAWN ED Cocaine Mentions by CEWG Area*: 2000



* The geographic areas encircled by dotted lines depict regional differences.

SOURCE: Office of Applied Studies, SAMHSA

Exhibit 3 depicts trends in rates of ED cocaine/crack mentions per 100,000 population by CEWG area for an 11-year period, with peak years depicted in boldface type. There are clearly several different trend patterns. In the first four CEWG areas shown, rates peaked in 2000, while in the next five areas the peak occurred in 1998 or 1999. In Chicago and St. Louis, cocaine/crack ED rates

peaked earlier (1997 and 1994, respectively), but remained close to the peak level in 2000. In another five metropolitan areas, the rates of cocaine/crack ED mentions also peaked in the mid-1990s but declined thereafter. Finally, in the last four sites shown in exhibit 3, rates of cocaine/crack ED mentions peaked in the early 1990s and tended to trend downward from the peak years.

Exhibit 3. Estimated Rates of DAWN ED Cocaine Mentions Per 100,000 Population by CEWG Metropolitan Area and Year: 1990–2000

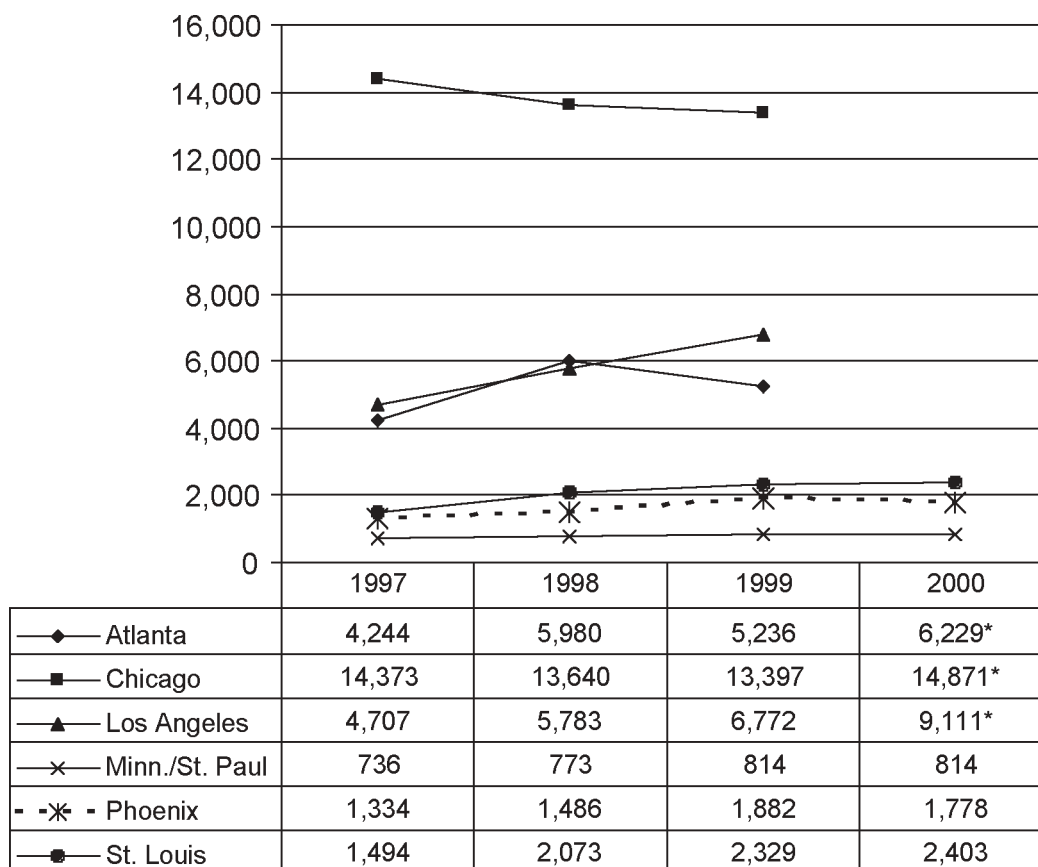
CEWG Area	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Los Angeles	53	62	67	66	62	61	69	56	58	79	105
Miami	43	104	109	148	151	168	168	174	187	210	225
Mpls./St. Paul	14	18	20	20	25	20	29	31	33	34	35
Seattle	44	63	80	96	157	116	114	150	125	130	169
Dallas	45	57	53	58	61	62	58	74	106	86	87
Denver	39	48	56	65	86	75	53	69	73	87	83
Philadelphia	204	199	246	221	186	208	224	239	275	260	216
Phoenix	35	42	47	43	55	59	69	66	73	91	85
San Diego	33	38	51	38	29	28	39	36	41	44	41
Chicago	90	102	148	154	192	188	220	247	232	225	246
St. Louis	32	64	65	54	102	80	80	64	87	97	98
Atlanta	108	127	198	167	234	245	202	151	218	189	221
Baltimore	141	310	370	346	400	384	376	273	296	296	208
Boston	57	87	122	111	133	147	114	91	123	96	108
Detroit	99	149	173	222	195	212	250	192	202	178	179
Newark	227	241	238	224	246	268	253	201	208	172	147
New Orleans	307	312	252	147	169	174	203	199	199	176	162
New York	164	206	259	265	252	244	264	244	233	175	166
San Francisco	156	206	184	200	205	166	149	126	116	120	126
Wash., DC	136	128	117	117	132	96	104	85	97	81	72

SOURCE: Office of Applied Studies, SAMHSA

The DAWN data show that cocaine/crack ED mentions increased significantly in 6 of the 20 CEWG metropolitan areas from 1999 to 2000. Statistically significant increases were found in Los Angeles (35 percent), Seattle (32 percent), Atlanta (19 percent), Boston (15 percent), Chicago (11 percent), and Miami (9 percent).

From 1997 to 2000, the number of cocaine/crack ED mentions trended upward in six CEWG areas, as shown in exhibit 4.

Exhibit 4. Upward Trends in DAWN Cocaine/Crack Mentions in Six CEWG DAWN Areas: 1997–2000



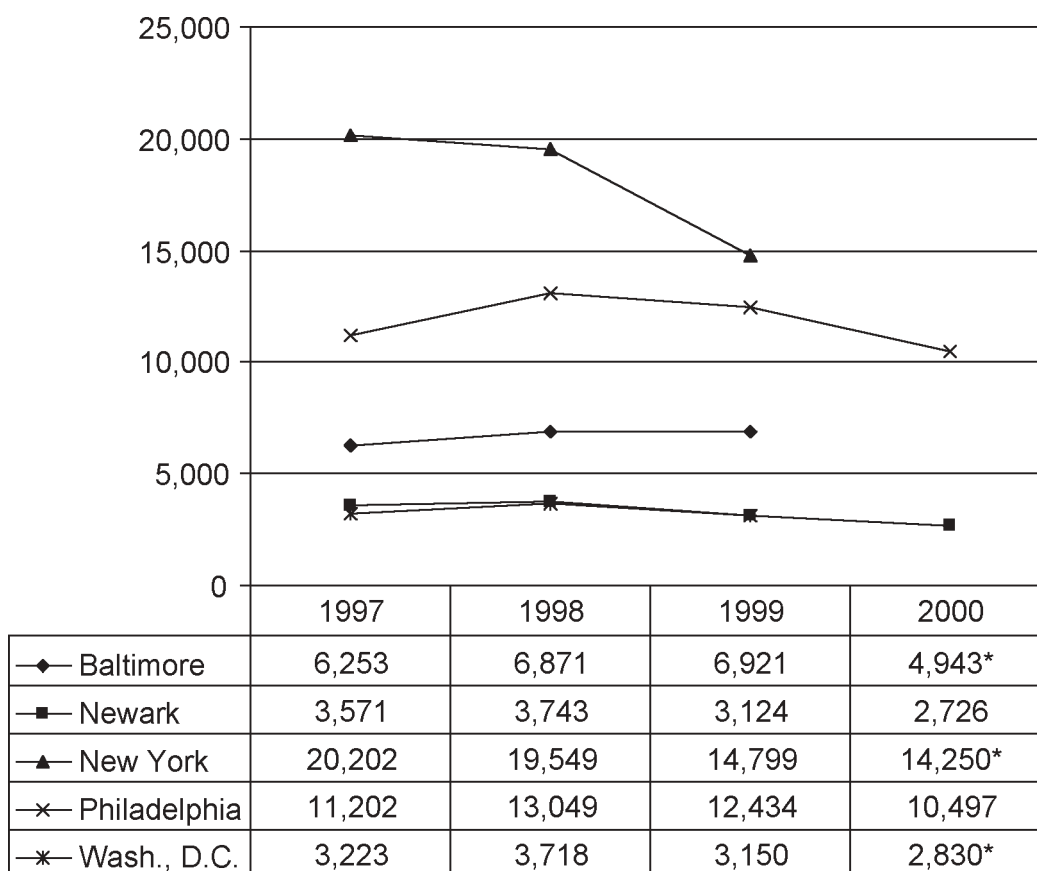
*Statistically significant change from 1999 to 2000

SOURCE: Office of Applied Studies, SAMHSA

As shown in exhibit 5, in five eastern CEWG areas, cocaine/crack ED mentions trended downward from 1997 to 2000, although the numbers continued to be high, especially in New York and Philadelphia. In Boston, Dallas, Denver, Detroit, San Diego, and San Francisco, ED cocaine/crack levels remained relatively stable in 2000.

Other trend data for the total coterminous United States indicate that the number of cocaine/crack mentions increased among Hispanics and Whites, as shown in exhibit 6. The increases among Hispanics were statistically significant from 1999 to 2000. However, African-Americans continued to account for the largest number of cocaine/crack ED mentions.

Exhibit 5. Downward Trends Cocaine/Crack Mentions in Five CEWG DAWN Areas: 1997–2000



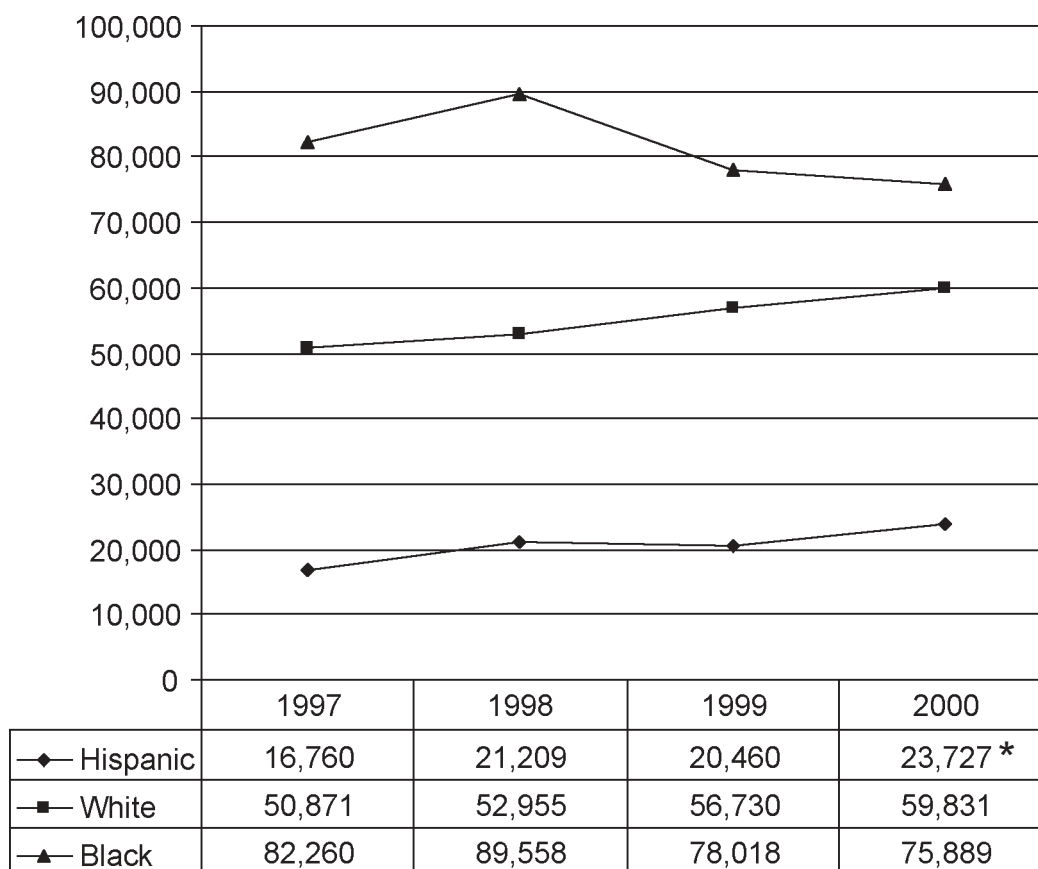
* Statistically significant change from 1999 to 2000

SOURCE: Office of Applied Statistics, SAMHSA

Not shown in exhibit 6 is the fact that cocaine/crack ED mentions among persons age 35 and older totaled only 46,614 in 1993; by 1996, the total climbed to 68,723, reaching 93,354 in 2000. In the total DAWN 2000 sample, more than one-half of cocaine mentions (53 percent) occurred among

patients age 35 and older. In 2000, cocaine mentions increased by 9 percent (over 1999) in the 35-and-older age category. Clearly, cocaine users who receive medical treatment in DAWN hospital EDs represent an aging population.

Exhibit 6. Selected Data on DAWN ED Cocaine/Crack ED Mentions in Total Coterminus United States by Race/Ethnicity: 1997–2000



*Statistically significant change from 1999 to 2000 at 0.5

SOURCE: Office of Applied Studies, SAMHSA

Treatment Data on Primary Cocaine/Crack Admissions

Exhibit 7 displays existing data on primary cocaine/crack admissions to drug treatment facilities in 17 CEWG areas and 3 States. Data were not available from Phoenix, Arizona. Typically, data exclude both “alcohol only” and “alcohol-in-combination” with other drugs. Not all sites reported treatment data for the first half of 2001 and, for both time periods, some did not report on route of administration of cocaine. The number of primary cocaine/crack admissions in 2000 is shown in Appendix D.

As shown in exhibit 7, Atlanta (70.0 percent), Philadelphia (48.1 percent), and Washington, D.C. (43.7 percent), had the highest proportion of primary cocaine/crack admissions. In nine local sites and two States, cocaine/crack abusers accounted for approximately 22–44 percent of primary admissions for illicit drugs. The lowest percentages of primary cocaine/crack admissions in 2000 were in Newark and Hawaii (9.0 and 10.6 percent, respectively). The most striking pattern is the predominance of crack (“smoked cocaine”). In all sites in 2000 and those for which there are data for the first half of 2001, the percentages of crack admissions were higher than those for powder cocaine (non-smoked).

Exhibit 7. Percentage of Primary Cocaine Treatment Admissions¹ by CEWG Area: 2000 and First Half of 2001

Area	2000			2001 (1H)		
	Powder Cocaine	Crack Cocaine	Total	Powder Cocaine	Crack Cocaine	Total
Atlanta (metro)	22.5	47.8	70.3	NR	NR	NR
Baltimore	3.9	11.6	15.5	NR	NR	NR
Boston	8.3	10.1	18.4	7.4	8.0	15.4
Denver (County)	7.3	20.2	27.5	7.8	19.8	27.6
Detroit (Wayne County)	6.4	34.4	40.8	10.9	27.8	38.7
Los Angeles (County)	2.4	19.2	21.6	4.1	19.6	23.7
Miami (Broward County)	NR	NR	27.0	NR	NR	8.0
Mpls./St. Paul	5.0	24.8	29.8	NR	NR	31.1
Newark	2.9	6.1	9.0	2.5	4.8	7.3
New Orleans (Parish)	NR	NR	33.3	NR	NR	NR
New York	9.5	19.0	28.5	9.8	18.1	27.9
Philadelphia	11.2	36.9	48.1	6.2	30.4	36.5
St. Louis	4.9	39.2	44.1	NR	NR	45.4
San Diego	2.1	11.0	13.1	NR	NR	NR
San Francisco (Bay Area)	NR	NR	24.2	NR	NR	23.7
Seattle (King County)	4.5	16.6	21.1	NR	NR	NR
Washington, D.C.	9.4	34.3	43.7	11.0	30.8	41.8
Hawaii	NR	NR	10.6	NR	NR	8.6
Illinois	4.6	34.4	39.0	5.3	27.8	33.1
Texas	27.8	14.7	42.5	26.1	31.2	39.3

NR = Not reported

¹ Excludes alcohol only and alcohol-in-combination admissions. Where incomplete data exist (in Miami), the denominator is all admissions, thereby underrepresenting cocaine/crack admissions as a percentage of the case load of primary illicit drug abusers.

SOURCE: CEWG site reports and treatment admissions forms, and for Los Angeles, the California Drug Data System

Comparable data for 1999 and 2000 from 18 CEWG sites show that cocaine/crack admissions remained relatively unchanged in 4 areas, decreased in 10, and increased slightly in 4. The increases were relatively small, ranging from 4 percentage points in New York City to 7 in Philadelphia.

The fairly stable trend for cocaine/crack admissions in CEWG areas has continued for several years and follows the national trend from TEDS, as shown below:

TEDS ADMISSIONS

(Cocaine/Crack)	1994	1995	1996	1997	1998	1999
All Admissions (%)	17.9	16.7	16.1	15.1	15.1	14.4
Excluding Alcohol (%)	37.2	33.7	32.0	31.3	32.0	31.1

SOURCE: Treatment Episode Data Set, SAMHSA

ADAM Data on Cocaine/Crack

The ADAM 2000 data show that high percentages of adult male arrestees (weighted sample) and female arrestees (unweighted sample) tested positive for cocaine (exhibits 8a and 8b). As in the past, higher percentages of females than males tested cocaine-positive in most CEWG areas. The exceptions were Dallas and Laredo, where the numbers of female arrestees were relatively small.

Exhibit 8a. Percentages of Adult Male Arrestees Testing Cocaine-Positive and Self-Reporting Cocaine Use by CEWG Area and Race/Ethnicity: ADAM 2000

CEWG Area	Sample Size	Percent Tested Cocaine-Positive				Percent Self-Reported Use—Past 30 Days	
		Sample	Black	White	Hispanic	Crack	Powder
Atlanta	1,115	48.5	51.2	28.7	33.0	24.6	8.9
Chicago*		37.0					
Dallas	1,574	27.7	34.4	23.7	16.7	13.2	11.2
Denver	1,130	35.4	47.8	25.5	36.8	19.7	12.5
Detroit	844	24.4	24.9	23.6	28.0	15.4	3.6
Ft. Lauderdale	414	30.9	41.9	21.0	6.5	12.2	13.8
Honolulu	1,111	15.8	25.8	37.7	15.1	13.9	5.5
Houston	1,330	31.5	41.1	27.6	18.6	11.2	7.0
Laredo	374	45.1	59.8	53.6	42.6	9.0	33.9
Miami	1,042	43.5	49.3	39.3	20.9	13.6	17.9
Minneapolis	1,113	25.7	26.5	26.1	0.0	17.1	8.2
New Orleans	884	34.8	36.9	19.9	0.0	14.7	9.2
New York	1,534	48.8	49.4	54.9	45.9	21.4	16.7
Philadelphia	520	30.9	26.0	48.6	0.0	18.4	7.1
Phoenix/Mesa	2,427	31.9	53.7	25.4	38.7	19.5	13.8
San Antonio	848	20.4	35.0	12.2	23.1	4.6	12.4
San Diego	1,568	14.8	37.7	8.7	7.3	9.8	5.8
Seattle	1,858	31.3	44.7	26.1	36.3	19.9	12.1

* Limited data on positive tests for males were provided by the Chicago CEWG representative.

SOURCE: Arrestee Drug Abuse Monitoring Program, NIJ

Exhibit 8b. Percentages of Adult Female Arrestees Testing Cocaine-Positive and Self-Reporting Cocaine Use by CEWG Area and Race/Ethnicity: ADAM 2000

CEWG Area	Sample Size (Number)	Percent Tested Cocaine-Positive				Percent Self-Reported Use—Past 30 Days	
		Sample	Black	White	Hispanic	Crack	Powder
Atlanta	(379)	57.6	56.3	65.0	0.0	30.8	7.5
Chicago	(1,301)	59.2	63.1	47.4	33.3	41.5	4.2
Dallas	(94)	23.9	21.2	27.6	20.0	21.0	11.3
Denver	(387)	46.9	52.2	52.9	38.3	31.9	13.3
Detroit	(107)	42.4	36.8	50.0	0.0	31.5	3.7
Ft. Lauderdale	(242)	44.8	41.4	47.0	0.0	23.3	11.4
Honolulu	(162)	19.4	50.0	8.3	0.0	11.3	6.4
Houston	(116)	31.7	34.2	50.0	8.3	17.2	3.5
Laredo	(77)	22.4	0.0	0.0	19.0	6.6	24.6
Los Angeles	(300)	31.1	40.6	32.3	20.7	25.6	2.4
Minneapolis	(40)	33.3	40.0	14.3	0.0	13.0	0.0
New Orleans	(264)	41.1	40.6	43.8	0.0	28.2	6.0
New York	(481)	53.0	57.1	41.5	48.8	31.2	11.8
Philadelphia	(96)	40.7	44.4	35.3	0.0	30.3	9.4
Phoenix/Mesa	(540)	35.2	48.3	27.9	52.3	28.3	12.7
San Diego	(554)	26.1	42.4	21.9	14.9	20.9	5.9
Seattle	(36)	39.1	50.0	35.7	0.0	24.0	12.0

SOURCE: Arrestee Drug Abuse Monitoring Program, NIJ

The percentages of female arrestees testing positive for cocaine were especially high in Chicago (59.2 percent), Atlanta (57.6 percent), New York (53.0 percent), Denver (46.9 percent), Ft. Lauderdale (44.8 percent), and Detroit (42.4 percent).

Percentages among male arrestees were highest in New York (48.8 percent) and Atlanta (48.5 percent).

The percentages of female arrestees testing positive for cocaine were relatively low in Honolulu (19.4 percent), Laredo (22.4 percent), Dallas (23.9 percent), and San Diego (26.1 percent). In these four cities only small percentages of females tested opi-ate-positive—Laredo (6.9 percent), Dallas (4.5 percent), San Diego (7.5 percent), and Honolulu (8.3 percent). Female arrestees in Honolulu (47.2 percent) and San Diego (28.7 percent) were more likely to test positive for methamphetamine than for cocaine or heroin.

The percentages of females reporting crack use in the past 30 days were relatively high in Chicago (41.5 percent), Denver (31.9 percent), Detroit (31.5 percent), New York (31.2 percent), Atlanta (30.8 percent), and Philadelphia (30.3 percent).

Corresponding figures for powder cocaine use in these six cities were much lower, ranging from 3.7 percent in Detroit to 13.3 percent in Denver. Self-reported past-30-day use of powder cocaine among females was highest in Laredo (24.6 percent) and Denver (13.3 percent).

Among male arrestees, past-30-day use of crack was highest in Atlanta (24.6 percent). New York (21.4 percent), Seattle (19.9 percent), Denver (19.7 percent), and Phoenix/Mesa (19.5 percent).

Corresponding figures for self-reported powder cocaine use among males in these five CEWG areas were lower, ranging from 8.9 percent in Atlanta to

16.7 percent in New York. The highest percentages of reported past-30-day use of powder cocaine among male were, in Laredo (33.9 percent) and Miami (17.9 percent).

Powder Cocaine Availability, Price, and Purity

Availability. Powder cocaine is steadily and widely available in most CEWG areas. Some cities, however, felt the impact of the September 11, 2001, events. Boston reported a decline in cocaine availability following the terrorist attacks with dealers reluctant to enter New York City, from which Colombian cocaine is shipped to Boston. While street-level and larger quantities of cocaine were readily available in Texas, drug-related activity on the border decreased after September 11, with traffickers stockpiling drugs on the Mexican side. Washington, D.C., also

reported a decline in availability of cocaine and other drugs in some communities in the wake of September 11, but trafficking increased when police were diverted to other activities.

Prices. Prices for powder cocaine varied widely among CEWG sites across the country, with grams selling for as little as \$20–\$50 in New York City and as much as \$100–\$250 in Honolulu (exhibit 9). Ounce prices ranged from \$400–\$1,200 in Texas and Washington, D.C., and \$500–\$600 in Phoenix to \$1,000–\$1,500 in Honolulu and as high as \$2,800 in Chicago. Compared with the CEWG June 2001 reporting period, prices remained relatively steady, except in New York City, where they increased for ounces; Chicago, where they decreased for grams and ounces; Washington, D.C., where they decreased for ounces; and Boston and Phoenix, where the range narrowed for ounces. Among other retail-level prices for cocaine powder were

Exhibit 9. Powder Cocaine Prices and Purity in 17 CEWG Areas

Area	Purity (%)	Gram	Ounce	Kilogram
Atlanta	50–80	\$100	NR	NR
Boston	40–90	\$50–\$90	\$880–\$1,100	\$24,000–\$32,000
Chicago	39	\$50–\$140	\$700–\$1,200	\$20,000–\$24,000
Denver	50–90	NR	\$800–\$1,000	\$18,000–\$20,000
Honolulu	20–90	\$100–\$250	\$1,000–\$1,500	\$26,500–\$52,000
Los Angeles	80–85	NR	NR	\$16,500 (wholesale)
Miami/South Florida	83	NR	NR	\$18,000–\$22,000
Minneapolis/St. Paul	NR	\$100	\$700–\$1,200	\$24,000
New Orleans	NR	\$80–\$150	\$800–\$1,200	\$18,000–\$25,000
New York	NR	\$20–\$60	\$800–\$1,500	\$22,000–\$30,000
Phoenix	NR	\$80	\$500–\$600	\$15,000–\$17,000
St. Louis	77	\$100–\$125	NR	NR
San Diego	45–85	\$75–\$100	NR	NR
San Francisco	60–90	NR	NR	\$14,000–\$22,000
Seattle	NR	\$30	NR	NR
Texas	NR	\$50–\$100	\$400–\$1,200	\$10,000–\$22,000
Washington, D.C.	NR	\$50–\$100*	NR	NR

* Ethnographic data

SOURCE: CEWG city reports, December 2001

\$25–\$35 per paper and \$400 per quarter ounce in Honolulu, \$250 per “eightball” (one-eighth ounce, 3.5 grams) in Minneapolis/St. Paul, \$10–\$20 per bag in Philadelphia, \$100–\$140 per eightball in Phoenix, \$10 per “dime bag” (about one-quarter gram) and \$80–\$100 per eightball ounce in Seattle and \$90–\$335 per eightball in Washington, D.C.

Purity. The purity of powder cocaine in reporting CEWG areas ranged from 20 to more than 90 percent. Purity trends have been relatively stable since the June 2001 reporting period, except for slight increases in Boston and Honolulu. The narrowest range in purity occurred at the high end (80 to 85 percent in Los Angeles); the widest range (20 to 90 percent) occurred in Honolulu.

In New York, powder cocaine was packaged in tin-foil, glassine bags, pyramid paper, crisp dollar bills, and plastic wrap with both ends knotted. In Phoenix, street-level amounts of powder were usually sold in folded papers (“bindles”), small vials, or zip-lock plastic bags. The most common packaging materials for both powder cocaine and crack in Detroit were small plastic bags or aluminum foil.

Reports from the following sites suggest that the quality of powder cocaine is often compromised by adulterants:

Boston *State Police reported that recent cocaine samples have been increasingly adulterated with caffeine, as well as standard adulterants such as procaine, lidocaine, benzocaine, and boric acid.*

Honolulu *Powder cocaine purity levels remain lower for smaller quantities (20 to 50 percent per gram) and increase with quantity purchases (90 percent per pound)*

Crack Cocaine Availability, Price, and Purity

Availability. Crack cocaine remained available in CEWG areas. It was more readily available than powder cocaine in Texas and substantial amounts could be found in the larger metropolitan sections of Denver.

Price. As shown in exhibit 10, prices for a rock of crack generally ranged from \$5–\$30 in CEWG areas with a smaller rock (3–5 millimeters, a “trey”) selling for \$3 in Philadelphia, and a \$40 rock (1/5–1/4 gram) available in Seattle (exhibit 10). In Texas, a rock of crack costs as much as \$100 in some instances, but \$10 was the most common price. Grams of crack cost as little as \$20–\$30 in New York City, while in Seattle they cost as much as \$250 in rural areas and \$300–\$400 in the central city. Ounce prices ranged from a low of \$400 to a high of \$2,800 depending on location in Texas, from \$485–\$600 in Phoenix, from \$700–\$1,200 in Chicago, from \$800–\$1,200 in Denver and New Orleans, and from \$800–\$1,000 in New York City. Among other retail-level quantities of crack are \$3, \$5, and \$10 bags in New York City and an eightball for \$125–\$130 in Washington, D.C.

Purity. Reported crack purity levels ranged from 35–90 percent in Boston to 40–85 percent in San Diego to 50–90 percent in Phoenix. Crack packaging continues to change in New York, where small glassine bags and plastic wrap knotted at both ends are replacing plastic vials.

In Texas, street outreach workers in Austin report that Kool-Aid, the powdered drink mix, is again being used to break down crack cocaine for injection and also that crack is being cut with ether, in addition to baking soda, to give a “bell-ringing” effect.

Exhibit 10. Crack Cocaine Prices in 16 CEWG Areas

Area	Price/Unit
Atlanta	\$10–\$20/rock \$100/gram
Boston	\$10–\$20/rock
Chicago	\$5, \$10, or \$20/rock \$700–\$1,200/ounce
Denver	\$20–\$30/rock
Detroit	\$10–\$20/rock (\$10 most common)
Minneapolis/St. Paul	\$10–\$20/rock
Newark	\$5–\$30/bag
New Orleans	\$5–\$25/rock \$80–125/gram \$800–\$1,200/ounce
New York	\$3, \$5, and \$10/bag \$20–\$30/gram \$800–\$1,000/ounce
Philadelphia	\$3/"trey" (3–5 millimeter rock) \$5/ready rock (6–9 millimeters)
Phoenix	\$17.50–\$20/rock \$485–\$600/ounce \$7,500–\$8,500/1/2 kilogram
St. Louis	\$20/rock (central city) \$300–\$400/gram (central city) \$250/gram (rural areas)
San Diego	\$10/1/10 gram (one "dime" rock)
Seattle	\$20/1/10–1/8 gram (\$20 rock) \$40/1/5–1/4 gram (\$40 rock)
Texas	\$10–\$100/rock (\$10 most common) \$400–\$2,800/ounce
Washington, D.C.	\$10–\$20/rock; \$125–\$130/1/8 ounce ("eightball")

SOURCE: CEWG city reports, December 2001

HEROIN

Overview

Heroin indicators increased in 14 CEWG areas, decreased in 4, and remained stable or mixed in 3.

The following excerpts are from CEWG reports where heroin indicators increased from 1999 to 2000–01.

Boston *Most heroin indicators continue to rise. The impact of widely available, low-cost and high-purity heroin is reported by treatment providers who continue to see more heroin users seeking services. Heroin may have surpassed cocaine as the drug of choice in Boston and other areas in Massachusetts. Primary heroin admissions now constitute the largest percent of illicit drug admissions in Greater Boston's publicly funded treatment programs (42 percent). Those admissions reporting heroin as their primary drug has risen from 31 percent in fiscal year (FY) 1996 to 42 percent in FY 2001. The proportion of heroin mentions in Boston ED episodes rose from 20 percent in 1998 to 27 percent in the second half of 2000. In FY 2000, heroin arrests accounted for 27 percent of all drug arrests in Boston, up from 24 percent in 1999 and 13 percent in 1992.*

Denver *Most heroin indicators are increasing. DAWN data show that rates of heroin ED mentions declined from 1994 (31 per 100,000) through 1996 (22 per 100,000). However, from 1996 to 2000, they nearly doubled (42 per 100,000).*

Detroit *Most heroin indicators are increasing. Heroin as the primary drug among treatment admissions in FY 2001 accounted for 34 percent of all admissions in Detroit/Wayne County and 13 percent of admissions statewide. The 4,461 heroin primary drug admissions in Detroit/Wayne County accounted for 57 percent of the statewide total of 7,857 heroin primary drug admissions.*

Minneapolis/ St. Paul

Heroin-related indicators increased again in 2001, and opiate-related deaths, most from accidental heroin overdose, surpassed those from cocaine in both cities. High-purity heroin at very low prices and in steady supply, fueled this increase in mortality.

DAWN ED Data on Heroin/Morphine

From 1999 to 2000, DAWN ED mentions of heroin/morphine increased significantly in seven CEWG areas: Atlanta, Boston, Chicago, Detroit, Miami, Minneapolis/St. Paul, and New Orleans. The percentages of 1-year increases in mentions were highest in Seattle (75 percent), Boston (50 percent), Miami (38 percent), San Francisco (33 percent), and Minneapolis/St. Paul (28 percent). As shown earlier in exhibit 1, heroin/morphine ED mentions were greater than mentions for cocaine/crack, marijuana/hashish, and methamphetamine/speed in four CEWG areas: Baltimore, Newark, San Diego, and San Francisco.

Rates of heroin ED mentions per 100,000 population are depicted in exhibit 11 for all 20 CEWG areas included in DAWN.

In 10 CEWG areas, rates of ED heroin/morphine mentions per 100,000 population reached or matched their highest levels in more than 10 years in 2000 (exhibit 12).

Rates of DAWN heroin/morphine mentions per 100,000 population peaked in earlier years in several CEWG areas but were still at relatively high rates in 2000 compared with prior years (exhibit 13). Baltimore was an exception. In this city, the total number of ED mentions for most illicit drug categories decreased dramatically. This may be related to changes in reporting or hospitals in the DAWN system in 2000. Nevertheless, Baltimore had the second highest rate in 2000.

Exhibit 11. Rates of Heroin/Morphine ED Mentions Per 100,000 Population by CEWG Area: 2000



Exhibit 12. CEWG Areas Where Rates of DAWN Heroin/Morphine ED Mentions Per 100,000 Population Reached the Highest Levels in More than 10 Years: 1990–2000

CEWG Area	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	Percent Change 1990–2000
Atlanta	3	6	9	10	17	16	15	15	18	16	18	500
Boston	27	34	59	66	71	83	76	69	75	77	103	281
Chicago	38	41	53	64	85	83	109	148	159	164	208	447
Denver	9	7	8	18	33	31	22	31	32	41	42	367
Detroit	40	46	46	59	52	58	77	72	68	62	77	93
Miami	3	8	10	14	15	18	21	32	41	48	75	2,400
Mpls./St. Paul	4	3	4	6	3	5	6	7	8	9	10	150
New Orleans	23	20	13	12	17	24	26	36	44	55	81	252
Philadelphia	61	55	53	55	54	85	85	82	76	87	97	59
St. Louis	5	8	9	10	18	17	22	20	27	37	46	820

SOURCE: Office of Applied Studies, SAMHSA

Exhibit 13. Trends and Peak Years in Rates of DAWN Heroin/Morphine ED Mentions Per 100,000 Population in 10 CEWG Areas: 1990–2000

CEWG Area	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Baltimore	78	180	234	259	338	367	358	256	290	299	227
Dallas	14	10	12	13	10	12	15	21	21	18	20
Los Angeles	31	21	37	46	36	38	40	30	31	35	37
New York	49	77	106	142	140	133	136	115	110	110	128
Newark	124	140	170	265	262	328	307	246	282	260	238
Phoenix	19	18	18	25	25	25	32	41	44	43	43
San Diego	34	34	45	37	30	30	42	39	42	46	44
San Francisco	269	211	208	243	233	204	203	175	150	191	170
Seattle	35	44	61	94	113	109	130	154	127	128	128
Washington, DC	38	41	42	39	34	35	41	45	55	46	50

SOURCE: Office of Applied Studies, SAMHSA

Comparison of 1999 and 2000 heroin/morphine ED mentions shows statistically significant increases in

mentions among Whites and persons age 18–25 and 35 and older (exhibit 14).

Exhibit 14. Selected Data on Total DAWN ED Heroin/Morphine Mentions by Race/Ethnicity and Age Group: 1990–2000

Category	1990	2000	Percent Increase
Race/Ethnicity			
White	33,655	40,417*	20.1
African-American	28,726	31,129	8.4
Hispanic	11,858	15,029	26.7
Age			
12–17	686	1,067	55.5
18–25	15,132	18,400*	21.6
26–34	20,380	24,154	18.5
35 and older	48,104	53,418*	11.0

* Statistically significant at .05

SOURCE: Office of Applied Studies, SAMHSA

Treatment Data on Primary Heroin Admissions

Exhibit 15 shows existing data on primary heroin admissions in 17 CEWG areas and 3 States for 2000 and the first half of 2001. The number of primary heroin admissions by site appears in Appendix D.

As shown in exhibit 15, Newark had the highest proportion of primary heroin admissions in 2000 with 83.8 percent followed by Boston (69.1 percent), Baltimore (64.3 percent), Los Angeles (56.8 percent) and San Francisco (54.8 percent). Primary heroin admissions accounted for approximately 43–45 percent of illicit drug admissions in Detroit, New York, and Washington, D.C. In Atlanta, Hawaii, Miami, and, Minneapolis/St. Paul, primary heroin admissions accounted for less than 9 percent of admissions.

The 1999 and 2000 data from 18 CEWG areas show that the proportions of primary heroin admissions were stable in 5, decreased slightly in 6, and increased slightly in 7. The increases occurred in Boston, Los Angeles, Minneapolis/St. Paul, New York City, St. Louis, San Diego, and Washington, D.C.

The upward trend in primary heroin abusers reported in some CEWG areas in recent years follows the national trend shown below for TEDS on primary admissions for opiates:

TEDS ADMISSIONS

(Opiates)	1994	1995	1996	1997	1998	1999
All Admissions (%)	13.9	14.5	14.5	15.4	15.4	16.2
Excluding Alcohol (%)	28.9	29.2	28.8	31.9	32.7	34.9

SOURCE: Treatment Episode Data Set, SAMHSA

Exhibit 15. Primary Heroin Treatment Admissions¹ by CEWG Area and Percent: 2000 and First Half of 2001

Area	2000	2001 (1H)
Atlanta (metro)	6.6	NR
Baltimore	64.3	NR
Boston	69.1	71.5
Denver (County)	22.2	17.0
Detroit (Wayne County)	43.4	46.9
Los Angeles (County)	56.8	33.5
Miami (Broward County)	2.0	1.0
Mpls./St. Paul	6.9	7.1
Newark	83.8	87.2
New Orleans (Parish)	15.3	NR
New York	42.9	42.4
Philadelphia	24.1	30.0
St. Louis	16.4	14.5
San Diego	14.6	NR
San Francisco (Bay Area)	54.8	NR
Seattle (King County)	29.0	NR
Washington, D.C.	44.7	46.6
Hawaii	8.5	6.7
Illinois	22.8	27.8
Texas	17.5	16.3

NR = Not reported

¹ Excludes both alcohol only and alcohol-in-combination admissions. Where incomplete data exist (in Miami), the denominator is all admissions, thereby underrepresenting heroin admissions as a percentage of the caseload of primary illicit drug abusers.

SOURCE: CEWG site reports and treatment admissions forms, and for Los Angeles, the California Drug Data System

ADAM Data on Opiates

In 2000, in the CEWG areas participating in the ADAM program, adult male arrestees (weighted sample) and female arrestees (unweighted sample) were considerably less likely to test positive for opiates than for cocaine (exhibit 16). Chicago, by far, had the highest number of females tested (1,301) and the highest percentage of females testing positive for opiates (40.0 percent). More than one-third (33.8 percent) of female arrestees in Chicago reported use of opiates in the past 30 days. Nearly one-quarter (24.2 percent) of female arrestees in Detroit tested positive for opiates, as did 19.1 percent of those in New York and 17.4 percent of those in Seattle. Only small percentages of female arrestees tested positive for opiates in most ADAM sites in the West and Southwest including Houston

(3.3 percent), Dallas (4.5 percent), Denver (5.8 percent), Phoenix (6.5 percent), Laredo (6.9 percent), San Diego (7.5 percent), and Los Angeles (7.7 percent).

The CEWG areas with the highest percentages of male arrestees testing positive for opiates in 2000 were New York (20.5 percent), New Orleans (15.5 percent), Philadelphia (11.8 percent), Chicago (27.0 percent), and Detroit (8.0 percent) (exhibit 16). In the Southwest and West, the percentages of males testing opiate-positive were much lower: Dallas (3.0 percent), Denver (3.4 percent), San Diego (6.0 percent), and Phoenix (6.6 percent). Low percentages were also reported in Ft. Lauderdale (2.1 percent), Atlanta (2.8 percent), Minneapolis (3.0 percent), Miami (4.0 percent), and Honolulu (6.8 percent).

Exhibit 16. Percentages of Adult Arrestees Testing Opiate-Positive and Self-Reporting Opiate Use by CEWG Area and Gender: ADAM 2000

City	Male	Female	Self-Reported Use—Past 30 Days	
			Male	Female
Atlanta	2.8	3.4	1.5	2.8
Chicago	NS	40.0	NS	33.8
Dallas	3.0	4.5	2.8	4.8
Denver	3.4	5.8	3.0	5.3
Detroit	7.8	24.2	6.7	13.0
Ft. Lauderdale	2.1	7.2	0.9	3.1
Honolulu	6.8	8.3	6.5	3.8
Houston	7.4	3.3	0.8	0.0
Laredo	9.9	6.9	8.8	3.3
Los Angeles	NS	7.7	NS	3.0
Miami	4.0	NS	4.2	NS
Minneapolis	3.0	5.6	2.4	0.0
New Orleans	15.5	8.5	13.7	8.0
New York	20.5	19.1	18.3	15.6
Philadelphia	11.8	11.1	9.5	7.8
Phoenix	6.6	6.5	7.4	6.5
San Antonio	10.2	NS	6.9	NS
San Diego	6.0	7.5	5.0	8.8
Seattle	9.9	17.4	10.1	4.0

NS = Not sampled

SOURCE: Arrestee Drug Abuse Monitoring Program, NIJ

Heroin Availability, Price, and Purity

Availability and Source. Heroin was available to varying degrees in all reporting CEWG areas. For example, in Denver, grams and ounces were readily available, especially in the downtown area, while availability varied around the State in Texas with higher levels in Houston and Laredo. A steady supply was available in St. Louis.

Mexican black tar heroin was available throughout all western CEWG sites, as well as in Chicago and St. Louis in the Midwest. In Western and Midwestern sites, including Chicago, Denver, St. Louis, and Texas, Mexican brown heroin was available. South American heroin was found in nearly all areas of the country: Atlanta, Boston, Newark, New York, Washington, D.C., Chicago, Detroit, New Orleans, and Texas. In Chicago, Detroit, New Orleans, and New York, Southeast Asian heroin was available; Southwest Asian heroin was available in Chicago and New York. In Detroit, where South American heroin was dominant, varieties from Southwest Asia and the Middle East were identified in the past year.

Atlanta *South American heroin remains the most dominant and accessible.*

Chicago *DEA laboratory analyses confirmed that recent heroin exhibits in Chicago came predominantly from South America and Southwest Asia, but Southeast Asian and Mexican varieties were also available.*

New York *The Street Studies Unit (SSU) reports concern by users on the street that heroin will be in short supply. In fact, certain areas of the city have already reported a shortage of heroin and other drugs. Bags still sell for \$10 and the quality is unchanged, but the bags contain less of the drug. SSU also reports that some addicts fear anthrax will contaminate their drugs.*

Price. Exhibit 17 lists price information reported at the local level. Bag, packet, or “hit” prices ranged from \$5–\$20, grams from \$30–\$50 in Seattle to \$300–\$600 in New Orleans, and ounces from \$600–\$1,400 in Chicago to \$4,000–\$9,000 in New Orleans. Bag prices were stable from the June reporting period, except in Washington, D.C., where they declined from \$40 to \$10. Gram prices declined in Denver, Honolulu, and New Orleans, and increased in Phoenix; in Chicago, the range widened. Ounce prices remained relatively stable among reporting areas, except for Chicago and New Orleans, where they declined, and Texas, where they increased for Mexican black tar heroin. According to a recent survey of methadone clinics in Newark, the median price for a bag of heroin fell from \$15 to \$10 between August and October 2001.

Among prices for other quantities were \$50 for a quarter-gram in Minneapolis, \$750 for a quarter-ounce in Honolulu, and \$16,000–\$18,000 per pound in Phoenix. In Texas, Dallas tended to have higher prices than other areas of the State. According to outreach workers in Washington, D.C., street-level heroin is sold primarily in \$8, \$10, and \$20 bags called “joints” or “billies.” Low-level dealers (“jugglers”) purchase 10 packs (“bundles”) for \$75–\$90. “Bone heroin,” which is reputedly unaltered and favored by intranasal users in the District, costs \$30–\$70 per bag with purity levels of 40–80 percent.

In Boston, heroin (“diesel”) is often packaged in small, folded glassine bags. Heroin comes in aluminum foil, packages of plastic wrap and aluminum foil known as “bindles,” and gel caps in St. Louis.

Exhibit 17. Heroin Prices and Purity in 19 CEWG Areas

Area	Type/Source	Price/Common Street-Level Unit	Gram	Ounce	Kilogram
Boston	South American	\$6–\$20/bag (60% pure)	NR	\$3,100–\$5,000	\$75,000–\$120,000 (60% pure)
Chicago	NR	\$10–\$20/bag (23% pure)	\$60–\$275 (23% pure)	NR	NR
	Southeast Asian	NR	NR	\$1,000–\$2,500 (23% pure)	\$21,000–\$36,000 (23% pure)
	Mexican black tar	NR	NR	\$600–\$1,400 (23% pure)	NR
	Mexican brown	NR	NR	\$600–\$1,400 (23% pure)	\$17,000–\$20,000
Denver	Mexican black tar	NR	\$50 (10–65 % pure)	\$1,300–\$2,000 (36% pure)	NR
	Mexican brown	NR	NR	\$1,300–\$2,000 (67% pure)	NR
Detroit	South American	\$10–\$15/packet or hit	NR	NR	NR
	Southeast Asian	\$75–\$100/bundle (10 hits) (20% pure)			
	Middle East	type unspecified			
Honolulu	Mexican black tar	\$50–\$75/paper (1/4 gram) (67% pure)	\$150–\$200 (67% pure)	\$2,500–\$3,500 (67% pure)	NR
Los Angeles	Mexican black tar	NR	NR	NR	\$16,000–\$17,000 (wholesale); \$35,000–\$50,000 (street value) (25% pure)
Miami	NR	NR	NR	NR	\$60,000–\$65,000 (70% pure)
Minneapolis/St. Paul	NR	\$10/unit of paper	NR	\$900–\$2,000	NR
Newark	South American	\$10–\$20/bag (72% pure)	\$62–\$160 (72% pure)	NR	NR
New Orleans	Columbian Southeast Asian Mexican	NR	\$300–\$600	\$4,000–\$9,000	\$80,000–\$100,000
New York	South American	\$10/bag (63% pure, type unspecified)	NR	NR	\$60,000–\$80,000
	Southwest Asian				\$65,000–\$90,000
	Southeast Asian				\$90,000–\$100,000
Philadelphia	NR	\$5, \$10, \$20/bag (73% pure)	NR	NR	NR
Phoenix	Mexican black tar	\$20/"BB" (80–100 milligrams); \$20–\$30/paper (0.25 grams)	\$70–\$100	\$1,000–\$5,000 1 "piece," 28 grams	\$32,000–\$40,000
St. Louis	Mexican black tar	\$10/cap; \$40/ "bindle" (15% pure)	\$250–\$600 wholesale, \$250 street value (15% pure)	NR	NR
	Mexican brown tar				
San Diego	Mexican black tar	\$5/1/4 gram (27–31% pure)	\$50–\$120 (27–31% pure)	NR (42–68% pure)	NR (42–68% pure)
	Powder	\$10–\$15/1/10 gram			
San Francisco	Mexican black tar	NR (16% pure)	NR	NR	\$18,000–\$80,000 (20–60% pure)
Seattle	Mexican black tar	NR (22% pure)	\$30–\$50	NR	NR
Texas	Mexican black tar*	\$10–\$20/capsule	\$100–\$350	\$1,800–\$4,800	\$35,000–\$50,000
	Mexican brown	\$10/capsule	\$110–\$300	\$600–\$3,000	NR
	South American	NR	NR	\$2,000 (10–64% pure/Dallas)*	\$75,000–\$80,000
Washington, D.C.	South American	\$10/bag (40–90% pure)	\$120–\$150(40–90% pure)	NR	NR

* Purity in the Dallas area is 7–10 percent per capsule, 10–64 percent per ounce, and 16–20 percent per kilogram.

SOURCE: CEWG city reports, December 2001

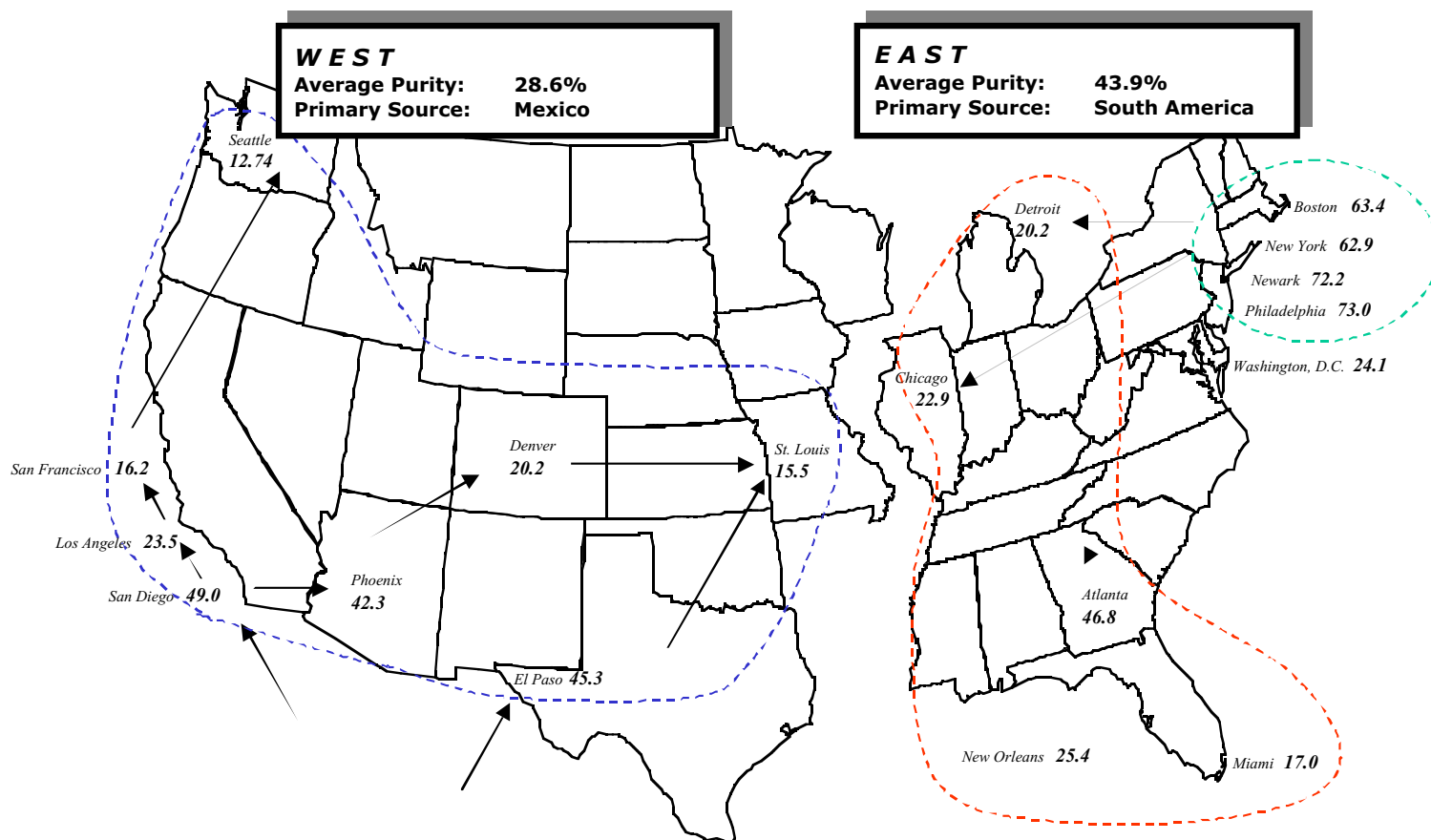
Detroit After a steady rise in heroin purity and decline in price per pure milligram from the early 1990s until 1999, during 2000 purity declined and price almost doubled. Nevertheless, purity remains far higher than levels in the 1980s, and price is relatively much cheaper than it was 10 or more years ago.

St. Louis Heroin in St. Louis is still among the most expensive in the Nation.

San Francisco Local samples of heroin were generally Mexican and increased in average price per milligram pure in 2000.

Purity. DMP data on heroin in 2000 show a high average purity level (43.9 percent) in areas east of the Mississippi River (exhibit 18), with the prime source of the drug being South America. Purity levels are especially high in the northeastern cities covered by DMP and two mid-Atlantic cities with purity being highest in Philadelphia (73 percent). In cities west of the Mississippi, the prime source of heroin is Mexico and the average purity level is only 28.6 percent. However, in two cities near the Mexican border, purity levels are relatively high—49.0 percent in San Diego and 42.3 percent in Phoenix.

Exhibit 18. Domestic Monitor Program—Heroin Purity in 18 CEWG Areas: 2000



SOURCE: Domestic Monitor Program, DEA
SOURCE: Domestic Monitor Program, DEA

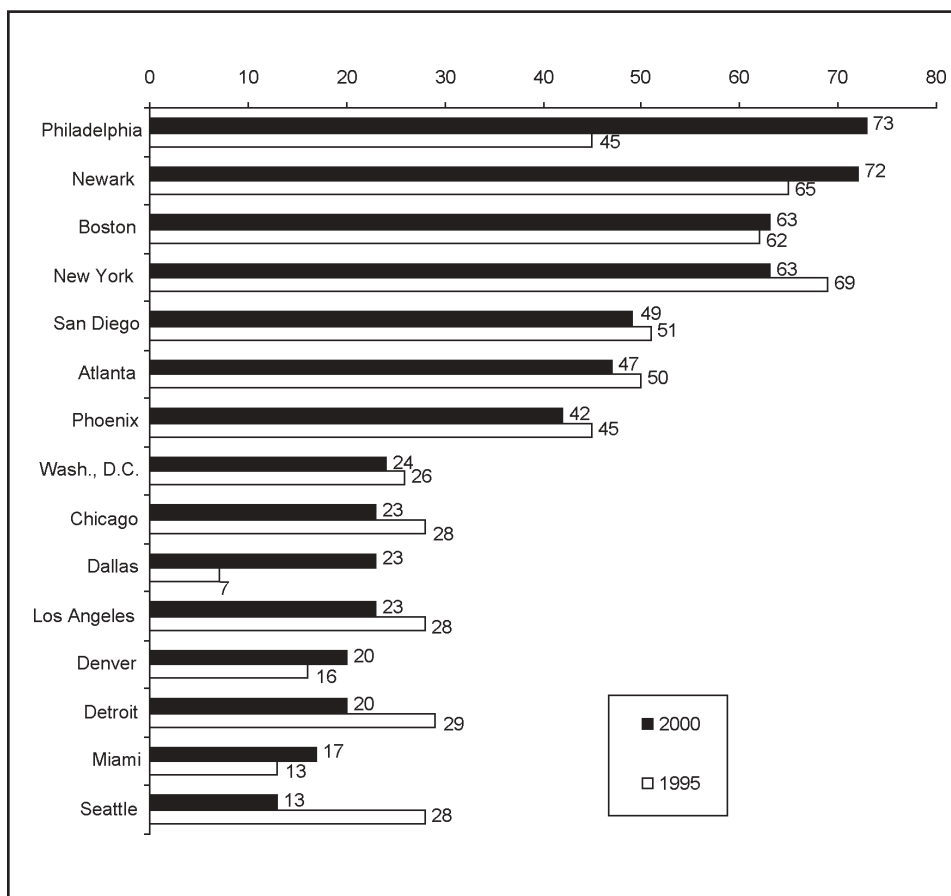
Exhibit 19 ranks purity levels reported by DMP in 2000 and 1995. These 5-year purity trends show mostly increases in the Northeast with the exception of New York City, where levels declined, and mixed trends in the other regions with more decreases than increases. The most dramatic change occurred in Philadelphia with an increase of 28 percentage points. The next largest increase occurred in Dallas (16 points); the largest decreases were in San Francisco (19 points) and Seattle (15 points). The following excerpts from CEWG reports exemplify relationships between purity and price:

Atlanta *The trend since 1998 of heroin purity increases in conjunction with price decreases appears to be shifting. The average level of purity in 2000, as reported by the DEA, was 46.7 percent, down from an overall average of almost 70 percent in 1999. Since 1999, when the average price per milligram pure was \$0.85, the price has jumped \$0.30 to \$1.15 per milligram pure.*

Los Angeles *The DEA's Domestic Monitor Program findings for 2000 indicated that heroin purchased in Los Angeles had an average purity of 23 percent and an average price of \$0.93 per milligram pure. The recent trend toward higher purity, lower cost heroin is not as evident in Los Angeles as it is in other parts of the country.*

Newark *Between 1999 and 2000, heroin purity increased from 67.5 to 72.2 percent, while its price fell from \$0.36 to \$0.33 per milligram. The latest DMP data make the Newark PMSA the second highest in purity of heroin after Philadelphia and the second lowest in price after San Diego among the DAWN cities.*

Exhibit 19. Average Heroin Purity Per Milligram in 15 Selected CEWG Cities: 1995 versus 2000 (ranked by 2000 levels*)



* Data for 2000 are preliminary.

SOURCE: DEA Domestic Monitor Program, Intelligence Division, Domestic Unit

OTHER OPIATES

Overview

Although indicators for opiates other than heroin are limited, most CEWG members report problems with these drugs in their areas. Treatment admissions for primary abuse of an opiate other than heroin in 2000 were quite low in the 10 sites that reported specific data, ranging from a low of 0.3 percent in Washington, D.C., to a high of 3.6 percent in Texas.

These prescription drugs are often available on the street for various prices. Among the opiates most commonly reported are hydrocodone and oxycodone. However, various other controlled substances classified as opiates or opiate-like substances are being abused.

Hydrocodone and Oxycodone

DAWN ED data for the coterminus United States provide one indication of the increasing abuse of hydrocodone and oxycodone. Although hydrocodone (3 percent) and oxycodone (2 percent) mentions represented only small percentages of total DAWN ED mentions reported in 2000, the increases in recent years have been significant. From 1999 to 2000, total ED mentions of drugs containing oxycodone increased 68 percent (from 6,429 to 10,825), and mentions of drugs containing hydrocodone increased 31 percent (from 14,639 to 19,221).

As shown in exhibit 20, total hydrocodone ED mentions increased 84 percent from 10,473 in 1996 to 19,221 in 2000. During the same period, oxycodone ED mentions increased 239 percent from 3,190 to 10,825.

Exhibit 20. Estimated Number of Hydrocodone and Oxycodone DAWN ED Mentions for Total Coterminous United States: 1996–2000

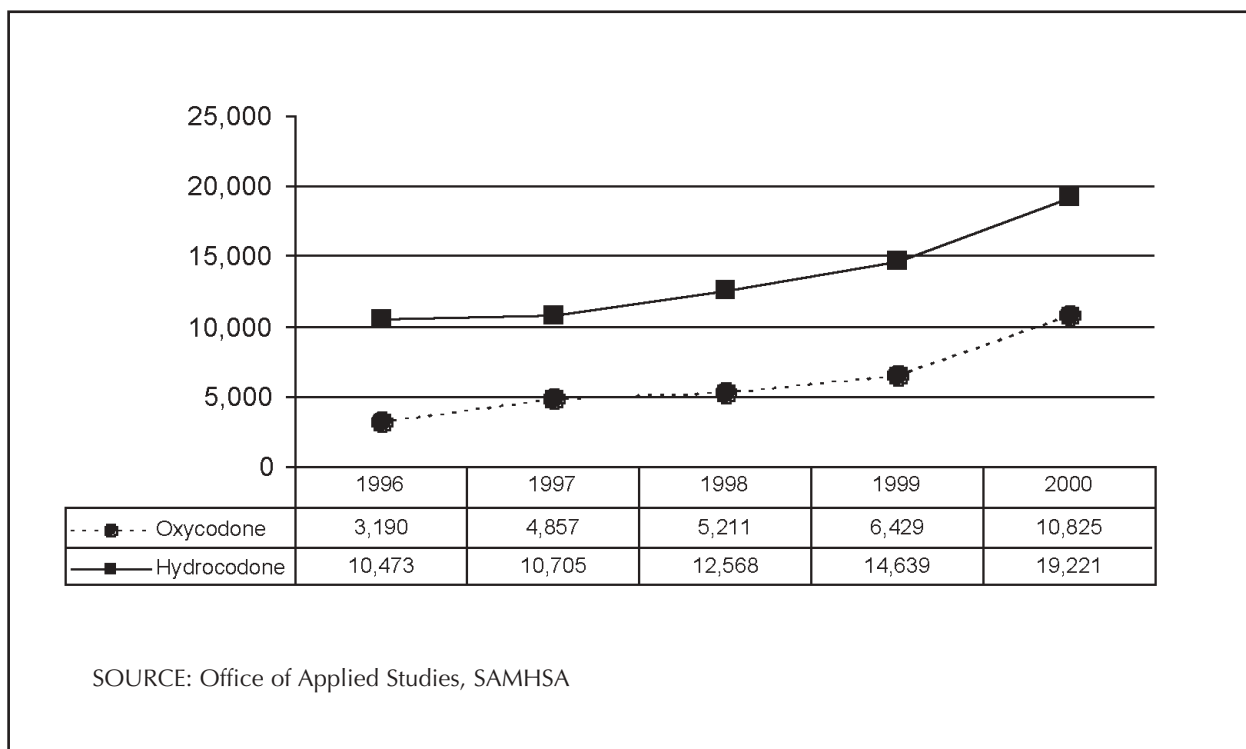


Exhibit 21. Estimated Number of Hydrocodone DAWN ED Mentions by CEWG Site from 1994–2000 and Percent Change Between 1999 and 2000

CEWG Site	1994	1995	1996	1997	1998	1999	2000	Percent Chang 1999–2000	Total Number: 2000 ED Mentions	Percent of Total ED Mentions
Atlanta		59	14	45	58	38	40	5.3	21,939	0.18
Baltimore	12	13	13	11	26	17	14	-17.6	19,874	0.07
Boston			4	17					25,863	
Chicago		20	21	11	24	18	17	-5.6	55,449	0.03
Dallas	44	55	61	87	51	63	74	17.5	12,476	0.59
Denver	13	5	13	4	15	11	7	-36.4	8,561	0.08
Detroit	2	3					32		32,740	0.10
Los Angeles		0		0			0		45,015	0.00
Miami	1					2			14,883	0.00
Mpls./St. Paul				13	13	10	15	50.0	10,090	0.15
Newark	6	5		5					13,072	0.0
New Orleans	9	3	14	15	15	9	17	88.9	9,172	0.19
New York	1		10		20		22		52,636	0.04
Philadelphia	21	13	34	35	18	14	21	50.0	44,385	0.05
Phoenix	27	20	29	35	42	37	44	18.9	15,428	0.29
St. Louis		7	12	9	16	19	32	68.4	13,317	0.24
San Diego	1		4	2	0	4	2	-50.0	11,639	0.02
San Francisco	3		0	4	0	1	3	200.0	12,171	0.02
Seattle	40	30	31	21	29	21	30	42.9	18,974	0.16
Wash., DC		11	11	9	12	4	7	75.0	16,229	0.04

SOURCE: Office of Applied Studies, SAMHSA

While the numbers of hydrocodone and oxycodone ED mentions tended to be small, they have been increasing in most CEWG areas. In 2000, the highest numbers of hydrocodone mentions were reported in Dallas, Detroit, Phoenix, St. Louis and Atlanta (exhibit 21).

Oxycodone ED mentions were highest in Philadelphia, Boston, and Seattle (exhibit 22). The per-

centages increased dramatically in these metropolitan areas between 1999 and 2000: 596 percent in Philadelphia, 270 percent in Boston, and 194 percent in Seattle. The percentage change between 1999 and 2000 in oxycodone ED mentions was also high in New York (667 percent), Miami (300 percent), Chicago (275 percent); mentions in Detroit rose from zero in 1999 to 24 in 2000.

Exhibit 22. Oxycodone DAWN ED Mentions by CEWG Site from 1994–2000 and Percent Change Between 1999 and 2000

CEWG Site	1994	1995	1996	1997	1998	1999	2000	Percent Change 1999–2000	Total Number: 2000 ED Mentions*	Percent of Total ED Mentions
Atlanta	10	2	11	11	15	20	43	115.0	21,939	0.20
Baltimore	6	3	1	7	16	21	50	138.1	19,874	0.25
Boston	9				10	33	122	269.7	25,863	0.47
Chicago	0	0	0	0	4	4	15	275.0	55,449	0.03
Dallas	0	0		0			13		12,476	0.10
Denver	3	2	9	8	3	15	13	-13.3	8,561	0.15
Detroit	0	0	0	0		0	24		32,740	0.07
Los Angeles		0	3			12	10	-16.7	45,015	0.02
Miami	0	1	0	2	1	2	8	300.0	14,883	0.05
Mpls./St. Paul				5	19	13	15	15.4	10,090	0.15
Newark	0	0	0	5	2		5		13,072	0.04
New Orleans	1	0	6	1		19	39	105.3	9,172	0.43
New York				0		3	23	666.7	52,636	0.04
Philadelphia	3		6	16	30	28	195	596.4	44,385	0.44
Phoenix	8	2	6	4	10	38	60	57.9	15,428	0.39
Saint Louis	4	1		1	14	21	45	114.3	13,317	0.34
San Diego	0		3	1	3	21	9	-57.1	11,639	0.08
San Francisco	0	0	0	1	4	5	5	0.0	12,171	0.04
Seattle	14	6	19	23	28	32	94	193.8	18,974	0.50
Wash., DC	9		4	16	12	21	31	47.6	16,229	0.19

* Estimated number

SOURCE: Office of Applied Studies, SAMHSA

Reports from the following CEWG areas reflect the problems and concerns about these two drugs:

Atlanta *Ethnographic reports suggest that the use of other opiates is prevalent in the metro Atlanta area. There were 62 OxyContin-related deaths in Georgia in 2000 and 45 through June 2001.*

Baltimore *Youth offenders indicated that Percocet may be crushed or injected. They reported taking hydrocodone with beer to enhance its effects.*

Boston *Of note is the significant rise in oxycodone in Boston ED data. Mentions of oxycodone (OxyContin and Percocet) rose from 290 in 1999 to 590 in 2000. The Department of Public Health drug lab also reported a doubling of oxycodone samples from 1999 (178) to 2000 (374) statewide, with 145 samples confirmed for Greater Boston alone in 2000.*

Denver *The DEA reports that diversion of OxyContin is a ‘major problem’ in the Rocky Mountain West, with a \$4 prescription dose selling for as much as \$40 on the street.*

Detroit *There are increases in certain drugs including hydrocodone (Vicodin, Lortab or Lorcet) and oxycodone (OxyContin). Oxycodone has been increasingly reported by State law enforcement in arrests: 33 over the first 9 months of 2001 with more than 400 pills involved, and the drug was found in 10 decedents in 2000 in Wayne County and 10 in the first 9 months of 2001.*

Los Angeles *ED mentions of narcotic analgesics, such as codeine and hydromorphone, have increased approximately 25 percent over the past several years, from 988 mentions in 1996 to 1,245 mentions in 2000. According to individuals in local law enforcement, diverted pharmaceuticals are posing a tremendous law enforcement challenge. Numerous Internet chat rooms devoted to the drug OxyContin explain how the drug can be illegally purchased.*

Miami *There has been a flurry of activity associated with OxyContin lately. Drug sales have skyrocketed from 300,000 in 1996 to 6 million prescriptions in 2000. In the first 6 months of 2001, there were 27 deaths in Broward County and 6 in Miami/Dade County where oxycodone was specifically mentioned as a cause of death. In Miami/Dade, there were 58 oxycodone overdose cases in an ED.*

New Orleans *Other opiates represent less than 1 percent of treatment admissions in New Orleans. Oxycodone (Percodan) is one of the most commonly abused opiates, but hydrocodone (Dilaudid) remains the drug of choice for opiate abusers in New Orleans. Indicators have remained low over the last 5 years.*

Philadelphia *Diversion and misuse of oxycodone products, including OxyContin, continue to receive media attention. There were 23 ME toxicology reports positive for oxycodone in the 3 1/2 years from July 1994 through December 1997 and 128 in the subsequent 3 1/2 years from December 97 through June 2001. Hydrocodone mentions in deaths have also increased dramatically from 17 from July 1994 through December 1997 to 77 in the subsequent 3 1/2 years.*

Phoenix *The Phoenix DEA reports that the most commonly abused controlled pharmaceutical substances include Vicodin, Lortab, and other hydrocodone products, and Percocet, OxyContin, and other oxycodone products.*

St. Louis *Abuse of oxycodone (Percocet and Percodan) is growing in popularity. The DEA reports that injection of a liquid form of oxycodone has been seen in St. Louis. OxyContin abuse remains a concern for drug treatment and law enforcement personnel.*

Seattle *Key informant interviews indicate limited sales of OxyContin among street users, as a single tablet costs \$20. This relatively high cost for a single tablet has resulted in street users seeking less expensive drugs such as benzodiazepines.*

Washington, D.C. *On the street, OxyContin sells for 10 times its pharmacy price, often running as high as \$40 per tablet or \$1 per milligram.*

Texas *Hydrocodone is a much larger problem in Texas than is oxycodone.*

Other opiates mentioned in a few CEWG reports include Soma (carisoprodol) and Dilaudid (hydromorphone), as indicated below.

Chicago *The use of hydromorphone (Dilaudid), the pharmaceutical opiate preferred by many Chicago injection drug users, has diminished considerably since 1987 because of decreased street availability. When available, most often on the North Side, it typically sells for \$10 for 4 milligrams.*

Detroit *There are increases in hydrocodone (Vicodin) and carisoprodol (Soma). Soma was identified in 20 Wayne County decedents in 2000 as well as 25 cases in the first 9 months of 2000.*

Phoenix *According to the DEA, among the popular prescription drugs in Phoenix are benzodiazepines and Soma in combination with other analgesic controlled substances. Ultram (tramadol) and Nubain continue to be highly abused prescription-only substances.*

St. Louis *The use of hydromorphone (Dilaudid) remains common among a small group of White chronic addicts.*

Codeine

Codeine, an alkaloid found in opium and used as a cough suppressant and to relieve moderate pain, is reportedly being abused in several CEWG areas. Codeine is frequently used in combination with glutethimide, a Schedule II sedative hypnotic, or carisoprodol, a muscle relaxant. Across the six CEWG areas where codeine abuse was reported, the indicators were mixed. ED mentions declined in one area and increased in another. Medical examiner reports, however, increased in three areas, as indicated in the following excerpts from CEWG reports:

Chicago *Abuse of codeine, in both pill (Tylenol 3s and 4s) and syrup form has been declining over the past decade. Codeine ED mentions are declining, while in 2000 ME mentions increased slightly for codeine-related deaths. On the street, codeine pills are available for \$1–\$3 and some dealers on the South Side specialize in their sale. These pills are used primarily by heroin users to moderate withdrawal symptoms.*

Detroit *Codeine and its prescription compounds (Schedule III and IV drugs) remain the most widely abused other opiates; codeine indicators are stable. Toxicology findings from the Wayne County Medical Examiner lab show 126 cases of codeine positivity during April–September 2001, compared with 106 cases in the April–September 2000 period.*

Los Angeles *ED mentions of codeine have been increasing, from 41 in 1998 to 63 in 2000.*

Phoenix *The Phoenix DEA Diversion Group reports that codeine products are among the most commonly abused pharmaceutical controlled substances.*

San Francisco *Codeine ME mentions in the three-county Bay Area increased somewhat from 1997 to 1999.*

Texas *Abuse of codeine cough syrup continues in Texas. Rap songs such as ‘Sippin on Syrup,’ ‘Sippin Codeine,’ ‘Syrup and Soda,’ and ‘Syrup Sippers,’ refer to the use of this substance.*

MARIJUANA

Overview

From 1990 to 1998, marijuana indicators increased dramatically across all 21 CEWG areas. In 1999, indicators appeared to level off. In 2000, marijuana indicators increased in 12 CEWG areas, remained stable or mixed in 8, and decreased in 1 (Atlanta).

DAWN ED Data on Marijuana

In recent years, increasing numbers of patients treated in hospital EDs for drug-induced or drug-related problems have used marijuana. Total coterminous United States DAWN marijuana/hashish mentions increased steadily from 15,706 in 1990 to 96,446 in 2000, an increase of 514 percent. In the

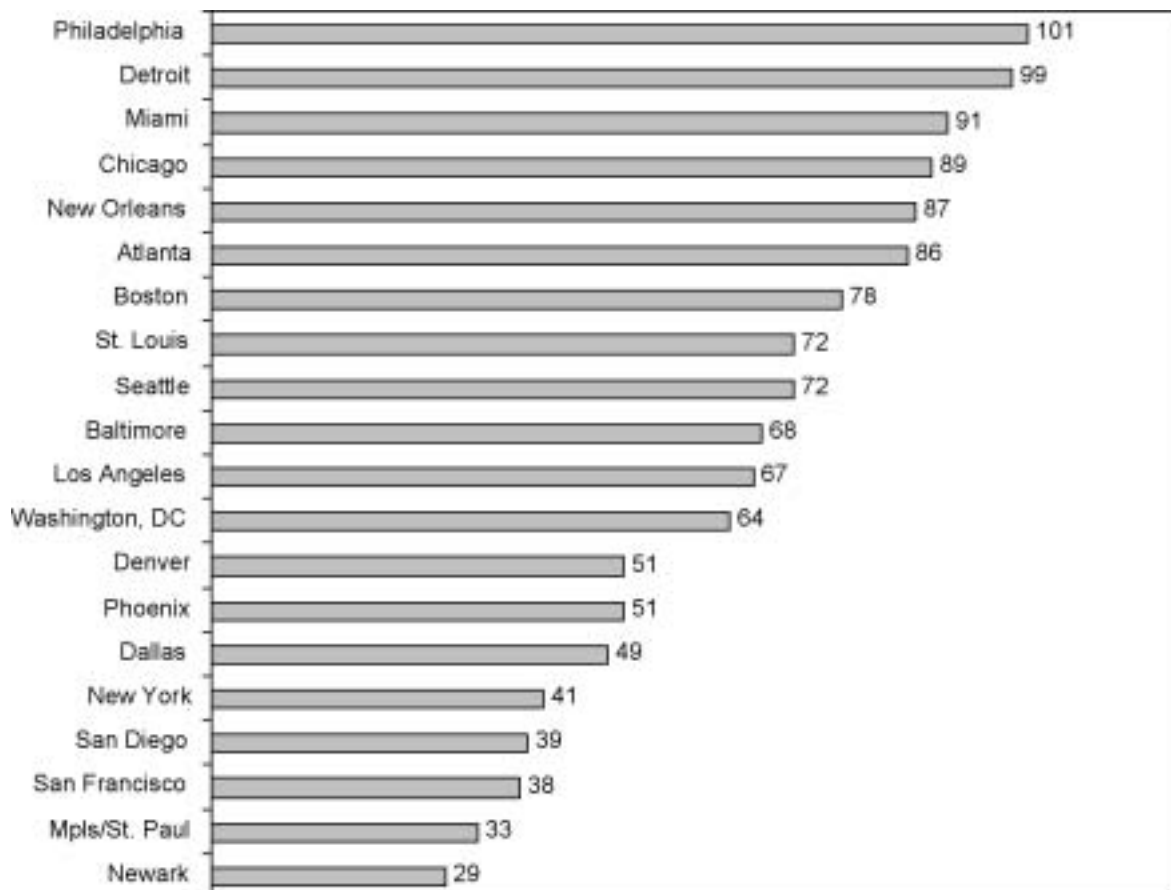
12- to 17-year-old category, marijuana/hashish mentions increased 622 percent from 2,170 to 15,683 between 1990 and 2000.

From 1999 to 2000, marijuana/hashish ED mentions increased significantly in seven CEWG metropolitan areas. The areas with the highest percentage increases in ED mentions were Seattle (75 percent), Boston (50 percent), Miami (38 percent), San Francisco (33 percent), Minneapolis/St. Paul (28 percent), Denver (20 percent), and Chicago (18 percent).

Marijuana/hashish ED mentions did not decrease significantly in any CEWG area during this period.

Exhibit 23 ranks the CEWG areas from highest to lowest by rate of marijuana/hashish mentions per 100,000 population.

Exhibit 23. Estimated DAWN Rates of Marijuana/Hashish ED Mentions Per 100,000 Population by CEWG Area: 2000



SOURCE: Office of Applied Studies, SAMHSA

Although ED marijuana mentions have been trending up in the total coterminus United States DAWN for all major racial/ethnic groups, the only significant increase from 1999 to 2000 was among Hispanics: from 9,066 to 11,736, a 29.5 percent increase.

In 2000, rates per 100,000 population of marijuana/hashish mentions reached the highest levels in more than 10 years in 8 CEWG areas (exhibit 24).

In seven other CEWG areas ED marijuana/hashish rates peaked in 1998 or 1999, and in most, have remained at peak levels (exhibit 25).

ED marijuana rates peaked earlier in New Orleans (113 in 1997), Newark (43 in 1995), Seattle (87 in 1997), and Washington, D.C. (74 in 1994).

Exhibit 24. CEWG Areas Where Rates of DAWN ED Marijuana/Hashish Mentions Per 100,000 Population Peaked in 2000: 1990–2000

CEWG Area	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Chicago	18	15	27	24	39	51	61	76	85	77	89
Denver	19	12	12	14	27	33	19	32	37	43	51
Los Angeles	14	23	17	22	20	21	26	25	41	64	67
Miami	18	25	20	26	39	53	55	55	59	67	91
Mpls./St. Paul	7	6	12	17	21	20	23	26	21	26	33
Phoenix	6	7	9	12	23	24	31	37	36	50	51
St. Louis	7	9	10	7	40	37	40	47	56	68	72
San Francisco	31	21	19	30	31	33	27	25	25	29	38

SOURCE: Office of Applied Studies, SAMHSA

Exhibit 25. CEWG Areas Where Rates of DAWN ED Marijuana/Hashish Mentions Per 100,000 Population Peaked in 1998 or 1999 and Rates in 2000

CEWG Area	Peak Year	Rate in Peak Year	Rate in 2000
Atlanta	1998	96	86
Baltimore	1999	72	68
Boston	1998	79	78
Dallas	1998	62	49
Detroit	1998	102	99
Philadelphia	1999	114	101
San Diego	1998	47	39

Treatment Data on Marijuana

Available data on admissions to drug treatment facilities for primary abuse of marijuana in 17 local CEWG areas and 3 States are presented in exhibit 26. Excluding alcohol, primary marijuana admissions were highest in 2000 in Minneapolis/St. Paul (49.4 percent) followed by Miami (Broward County) and New Orleans Parish (each at 37 percent), and St. Louis and Seattle (approximately 31–32 percent).

In Philadelphia, Hawaii, New York, and San Diego County, primary marijuana abusers accounted for approximately 20–27 percent of admissions in 2000. In Boston, Detroit, Los Angeles County, Newark, San Francisco, and Washington, D.C., primary marijuana abusers represented only between approximately 6 to 10 percent of the admissions shown in exhibit 26.

Comparisons of 1999 and 2000 data available from 16 CEWG areas show that the proportion of primary marijuana treatment admissions remained relatively unchanged in six, decreased a few percentage points in four, and increased in six. In Hawaii, the increase was the highest reported for marijuana in 10 years. San Diego reported a substantial increase of 15 percent during this 1-year period.

TEDS ADMISSIONS

(Marijuana)	1994	1995	1996	1997	1998	1999
All Admissions (%)	8.7	10.5	12.0	13.0	13.5	14.1
Excluding Alcohol (%)	18.1	21.2	23.9	27.0	28.6	30.4

SOURCE: Treatment Episode Data Set SAMHSA

ADAM Data on Marijuana

According to ADAM data for 2000, Minneapolis had the highest percentages of males and females testing positive for marijuana use. In the Minneapolis adult male arrestee sample, 54.2 percent tested positive for marijuana; 44.4 percent of the female sample tested positive for marijuana (exhibit 27). More than one-half (53.4 percent) of males and slightly more than one-third (34.8 percent) of females in Minneapolis reported using marijuana in the past 30 days. Other CEWG areas with high percentages of ADAM males testing positive for marijuana were Detroit (49.8 percent), Philadelphia (49.4 percent), New Orleans (46.6 percent), Chicago (45.0 percent),

Exhibit 26. Primary Marijuana Treatment Admissions¹ by CEWG Area and Percent: 2000 and First Half of 2001

Area	2000	2001 (1H)
Atlanta (metro)	16.0	NR
Baltimore	19.0	NR
Boston	8.2	7.5
Denver (County)	16.5	17.6
Detroit (Wayne County)	9.2	10.4
Los Angeles (County)	8.8	11.5
Miami (Broward County)	37.0	39.0
Mpls./St. Paul	49.4	52.7
Newark	6.0	4.8
New Orleans (Parish)	36.9	NR
New York	24.1	25.4
Philadelphia	21.7	17.4
St. Louis	32.3	33.2
San Diego	20.5	NR
San Francisco (Bay Area)	5.9	NR
Seattle (King County)	31.0	NR
Washington, D.C.	10.2	8.2
Hawaii	27.8	29.2
Illinois	25.8	27.8
Texas	25.5	26.6

NR = Not reported

¹ Excludes both alcohol only and alcohol-in-combination admissions. Where incomplete data exist (in Miami), the denominator is all admissions, thereby underrepresenting marijuana admissions as a percentage of the caseload of primary illicit drug abusers.

SOURCE: CEWG site reports and treatment admissions forms, and for Los Angeles, the California Drug Data System

Ft. Lauderdale (43.3 percent), Denver (40.9 percent), San Antonio (40.7 percent), and New York (40.6 percent).

In most CEWG areas, smaller percentages of females than males tested positive for marijuana. In addition to Minneapolis, percentages were high in Seattle (47.8 percent) and Denver (33.8 percent).

The areas with the smallest percentages of adult females testing marijuana-positive were in Laredo (17.2 percent), Honolulu (19.4 percent), and Dallas (20.9 percent).

Based on self-reports of past-30-day drug use, it appears that male and female arrestees were more likely to admit marijuana use than use of other

drugs such as cocaine, heroin, and methamphetamine. In many CEWG areas, the percentages of arrestees admitting to past-30-day marijuana use exceeded the percentages testing positive for the drug. However, in Minneapolis only 34.8 percent of females self-reported marijuana use in the past 30 days, yet 44.4 percent tested positive for the drug.

Exhibit 27. Percentages of Adult Arrestees Testing Marijuana-Positive and Reporting Marijuana Use by CEWG Area and Gender: ADAM 2000

CEWG Area	Tested Marijuana-Positive		Self-Reported Use—Past 30 Days	
	Male	Female	Male	Female
Atlanta	38.2	26.3	36.2	27.3
Chicago*	45.0	26.4	NS	30.3
Dallas	35.8	20.9	39.6	22.2
Denver	40.9	33.8	47.0	52.0
Detroit	49.8	24.2	49.0	33.3
Ft. Lauderdale	43.3	28.2	38.5	30.4
Honolulu	30.4	19.4	39.8	32.9
Houston	35.8	26.7	35.1	39.0
Laredo	28.6	17.2	29.1	16.4
Los Angeles	NS	31.5	NS	27.1
Miami	38.5	NS	35.3	NS
Minneapolis	54.2	44.4	53.4	34.8
New Orleans	46.6	28.0	49.0	32.3
New York	40.6	28.2	49.4	33.4
Philadelphia	49.4	22.2	50.1	31.3
Phoenix/Mesa	33.7	23.3	38.7	32.1
San Antonio	40.7	NS	34.9	NS
San Diego	38.7	27.2	41.5	36.1
Seattle	37.7	47.8	48.0	52.0

NS = Not sampled

* Data on positive tests for males was provided by the Chicago CEWG representative.

SOURCE: Arrestee Drug Abuse Monitoring Program, NIJ

Marijuana Availability, Price, and Purity

Availability. Marijuana was described as widely available or in steady supply in Chicago, Los Angeles, Minneapolis/St. Paul, Phoenix, San Diego, Texas, and Washington, D.C. The drug was reportedly popular in New York City where availability continued to increase, and in Philadelphia where it appeared to be increasing.

Mexican marijuana is available in Atlanta, Boston, Michigan, St. Louis, Denver, and Los Angeles. Canadian marijuana has been reported in Atlanta and in Denver, where the seedless and potent “BC bud” from British Columbia remains available. The U.S. Southwest is also a source for Washington, D.C., and Boston, which receives a supply from Jamaica and Colombia as well. Locally grown marijuana is available in Atlanta, Boston, Los Angeles, St. Louis, Texas, and Washington, D.C. Excerpts from the following CEWG reports reflect these patterns.

Boston *Some locally grown marijuana continues to be available, but most marijuana seems to be shipped overland or via delivery services from Mexico and the U.S. Southwest, as well as from Jamaica and Colombia.*

Detroit *The majority of marijuana seized in Michigan originated in Mexico.*

Los Angeles *Law enforcement officials report that Canadian ‘BC bud,’ formerly limited to the Pacific Northwest, is now available in Honolulu, Los Angeles, and Oakland, as well as in some parts of the West Central region of the United States.*

Texas *Supplies of homegrown marijuana are expected to be more plentiful due to heavy rainfall.*

Price. As shown in exhibit 28, marijuana prices ranged from \$70–\$100 per ounce for an unspecified type in San Diego to \$700–\$800 per ounce for organic (“purple haze”) and hydroponic (“hydro”) in New York City. Pounds cost as little as \$180–\$200 for commercial grade in Laredo and as

much as \$6,000–\$9,000 for an unspecified type in Honolulu. Prices were relatively stable compared with the June 2001 reporting period, except in Atlanta (where they decreased for pounds of domestic marijuana); Denver (where they increased for ounces of domestic marijuana and “BC bud,” decreased for pounds of the same varieties, and the range broadened for pounds of Mexican); Los Angeles (where they decreased for pounds of Mexican); and Texas (where they decreased for pounds of commercial marijuana in Dallas and Houston).

Prices for other retail quantities included \$5, \$10, and \$20 bags in Chicago; \$5–\$20 per cigarette or joint, \$25 per gram, and \$100–\$200 per quarter-ounce in Honolulu; \$3–\$5 per joint, up to \$10 per joint dipped in formaldehyde or PCP, and \$50 per quarter-ounce in Minneapolis/St. Paul; \$5–\$10 per bag both before and after September 11, 2001, in Newark; and \$10–\$50 per bag, \$10 per “hydro” joint, and \$15 per cigar or “blunt” in New York City. Also in New York, “hydro” was being sold together with a pellet of dark brown marijuana—known on the street as “beef and broccoli”—for \$20 per bag; in addition, marijuana was dipped in water used to cook crack, creating a mixture called “elo,” which cost \$10 per bag. Prices in other cities included \$5 per one-half- to 1-gram bag in San Diego; \$15–\$25 per gram of sinsemilla (“bud”), \$40–\$50 per eighth-ounce, and \$1,200–\$1,400 per quarter-pound in Seattle; and \$10–\$20 per “dime bag” of kind bud and hydro, \$5–\$10 per bag of commercial grade, and \$10–\$20 per commercial grade blunt in Washington, D.C.

Purity. Marijuana purity, which refers to the drug’s proportion of tetrahydrocannabinol (THC), ranged from 2–3 percent for an unspecified type to 30 percent or less for BC bud in San Diego. Other purities reported in CEWG areas were 3–20 percent (unspecified type) in San Francisco, 4–6 percent for Mexican and 25–30 percent for domestic hydroponic in Los Angeles, 9.5 percent for domestic in Atlanta, and 20 percent for sinsemilla (a potent form of marijuana from unpollinated female plants) in St. Louis.

The following excerpts on availability, competency, and price of marijuana from three CEWG papers are of interest:

Exhibit 28. Marijuana Prices and Potency in 15 CEWG Cities and 3 Texas Sites

City	Type/Quality	Price/Unit	
		Ounce	Pound
Atlanta	Domestic (9.5%) Mexican, Canadian	NR	\$930 Type unspecified
Boston	Commercial Sinsemilla	\$200–\$250 \$200–\$300	\$800–\$1,500 \$2,500–\$3,000
Chicago	Type unspecified	\$100–\$200	\$900–\$4,000
Denver	British Columbian (“BC bud,” “triple A”) Domestic Mexican	\$600 \$200–\$400 NR	\$3,000–\$5,000 \$1,000–\$1,500 \$500–\$1,000
Honolulu	Low quality High quality Type unspecified	\$300–\$500 \$400–\$800 NR	NR NR \$6,000–\$9,000
Los Angeles	Wholesale Street value	NR NR	\$350 \$2,500
Mpls./St. Paul	NR	\$150–\$175	\$700–\$3,000
New Orleans	Type unspecified Sinsemilla	\$125–\$180 \$350–\$450	\$750–\$1,000 \$2,500–\$4,000
New York City	Organic (“purple haze”) and hydroponic (“hydro”) Wholesale High-quality commercial	\$700–\$800 NR NR	NR \$200–\$1,700 \$1,000–\$5,000
Phoenix	NR	\$75–\$150	\$500–\$750
St. Louis	Sinsemilla (20% THC) Imported	NR NR	\$500–\$1,200 \$2,000–\$4,000
San Diego	Unspecified (2–3% [^] THC) British Columbian (“BC buid”) (<30% THC)	\$70–\$100 NR	NR \$4,000
San Francisco	Type unspecified (3–20% THC)	NR	\$2,500
Seattle	Locally grown	\$325–\$400	\$4,200–\$5,200
Texas	Dallas: commercial grade Dallas/Ft. Worth: indoor-grown sinsemilla Houston: commercial grade Laredo: commercial grade	NR NR NR NR	\$300–\$800 \$750–\$1,200 \$350–\$500 \$180–\$200
Washington, D.C.	Commercial grade Hydroponic (“hydro”)	\$100 \$480	\$700–\$1,400 \$1,200–\$6,000

SOURCE: CEWG city reports, December 2001

Denver *Almost all ethnographic reports indicate availability of very potent marijuana. One drug treatment program in the metro area said that some clients are getting 'marijuana cravings' because of the increased potency.*

Los Angeles *Mexican marijuana is generally the most inexpensive type found in the Los Angeles area because of its wide availability and lower THC content (4–6 percent). Domestically produced marijuana—particularly hydroponic—is of a higher grade (25–30 percent) and more expensive. The street value of the seized marijuana in the first half of 2001 constituted 46 percent of the total street value of all drugs seized.*

New York *Many sellers with low-grade marijuana mix it with other substances to enhance or expand it. With many new users, especially youth, it is easy to sell low-grade adulterated marijuana as 'good stuff.'*

METHAMPHETAMINE

Overview

Methamphetamine use indicators increased in six of the seven CEWG areas that typically have relatively high rates of ED methamphetamine mentions and/or high percentages of primary methamphetamine treatment admissions. These included Denver, Hawaii, Los Angeles, Phoenix, San Diego, and Seattle. The seventh, San Francisco, was the only area reporting a decrease in methamphetamine indicators in 2000–2001. Increases in methamphetamine indicators were also reported in Atlanta, Minneapolis/St. Paul, St. Louis, and cities in Texas. Chicago, Detroit, New York, Philadelphia, and Washington, D.C., reported increases in methamphetamine availability and use, but still at low levels.

Following are excerpts from CEWG reports from the six areas that have had high levels of serious problems with methamphetamine and, in 2000, reported increases in the indicators.

Denver *Methamphetamine indicators, which increased from 1993 through 1997, mostly declined in 1998 and 1999, but seem to have started climbing again in 2000 and 2001. Methamphetamine treatment admissions have fluctuated over the past 6 1/2 years. However, in the first half of 2001, they constituted 14.8 percent of admissions, the highest proportion since 1997. The DEA describes widespread methamphetamine availability.*

Honolulu *Crystal methamphetamine has increased its impact on the State. Treatment admissions, deaths, Honolulu police cases, and neighbor island police cases are all up. Prices of 'ice' are down, supply is high, and the societal costs in terms of violence and disruption of families and communities have continued.*

Los Angeles

Methamphetamine indicators are mixed. ED mentions remained relatively low and stable, but primary treatment admissions increased by approximately 25 percent. The Los Angeles High Intensity Drug Trafficking (HIDTA) group and the DEA Los Angeles Division note a developing but currently limited market for methamphetamine tablets (known as 'yaba') at raves and night-clubs in the area. In some cases, the tablets are sold as MDMA; in others, the tablets are taken in addition to MDMA.

Phoenix *The data projected a modest increase of 12 percent for methamphetamine-related deaths for 2001. Currently, the drugs of greatest concern in Arizona are methamphetamine, MDMA, and other club drugs.*

San Diego *Accidental overdose deaths involving methamphetamine increased 65 percent from 1999 to 2000, when 61 decedents were positive for methamphetamine. Methamphetamine accounted for 33 percent of all treatment admissions in 2000.*

Seattle/King County

Methamphetamine use is continuing to rise, though at a lower rate than in other areas of the State. DAWN ED mentions for amphetamine and methamphetamine in Seattle/King County during 2000 continued the upward trend first noted in 1999. Ease of access to precursors the availability of equipment, recipes and locations, and the purity of methamphetamine produced by local clandestine labs contribute to their proliferation.

Of the seven CEWG areas that have recently had high levels of methamphetamine use, San Francisco is the only area to report a decrease in methamphetamine indicators in 2000–01, as indicated below:

Methamphetamine indicators suggest a decline in prevalence. In San Francisco, the number of patients in treatment for

primary speed problems in FY 2000 was 1,004. This count was down by about 9 percent from FY 1998 and FY 1999, 2 years that constituted a peak after a sharp rise from FY 1992. In the three-county Bay Area, ME mentions of methamphetamine/speed rose from 44 in 1996 to 58 in 1999. The number of ME mentions in FY 2000 was down by about 65 percent to 14.

There is growing concern that methamphetamine abuse could spread to CEWG areas where abuse of the drug has not been widespread. Representatives from the following four CEWG areas are beginning to obtain data about methamphetamine abuse from different sources:

Chicago *Methamphetamine indicators suggest continuing low levels of use in Chicago. Nevertheless, a low but stable prevalence of methamphetamine use has been noted in some areas of the city in the past 2 years. Stimulants represented 2 percent of all treatment admissions (excluding alcohol) in FY 2000, up from 1 percent in FY 1999. Total stimulant admissions increased from 913 in FY 1999 to 1,270 in FY 2000. In just the first half of 2001, stimulant admissions are at 1,701.*

Minneapolis

Methamphetamine indicators continued strong upward trends in 2001, except for deaths in Ramsey County, which declined. Methamphetamine addicts accounted for 0.3 percent of treatment admissions in 1991, 3 percent in 2000, and 3.6 percent in the first half of 2001. Hennepin County reported five amphetamine/methamphetamine-related deaths in the first 6 months of 2001, compared with six in 2000 and two in 1999. Methamphetamine seizures increased overall from 1999 to 2000.

St. Louis *St. Louis and St. Charles County law enforcement personnel are increasingly concerned about methamphetamine use, and methamphetamine labs in rural areas continue to be a problem. Methamphetamine was found at very*

low levels in city indicators in 1995, but has increased significantly in the last 4 years. In rural areas, methamphetamine appears regularly in the treatment data, while there are a limited number of admissions in St. Louis. In rural treatment programs, methamphetamine is the drug of choice after alcohol.

Texas

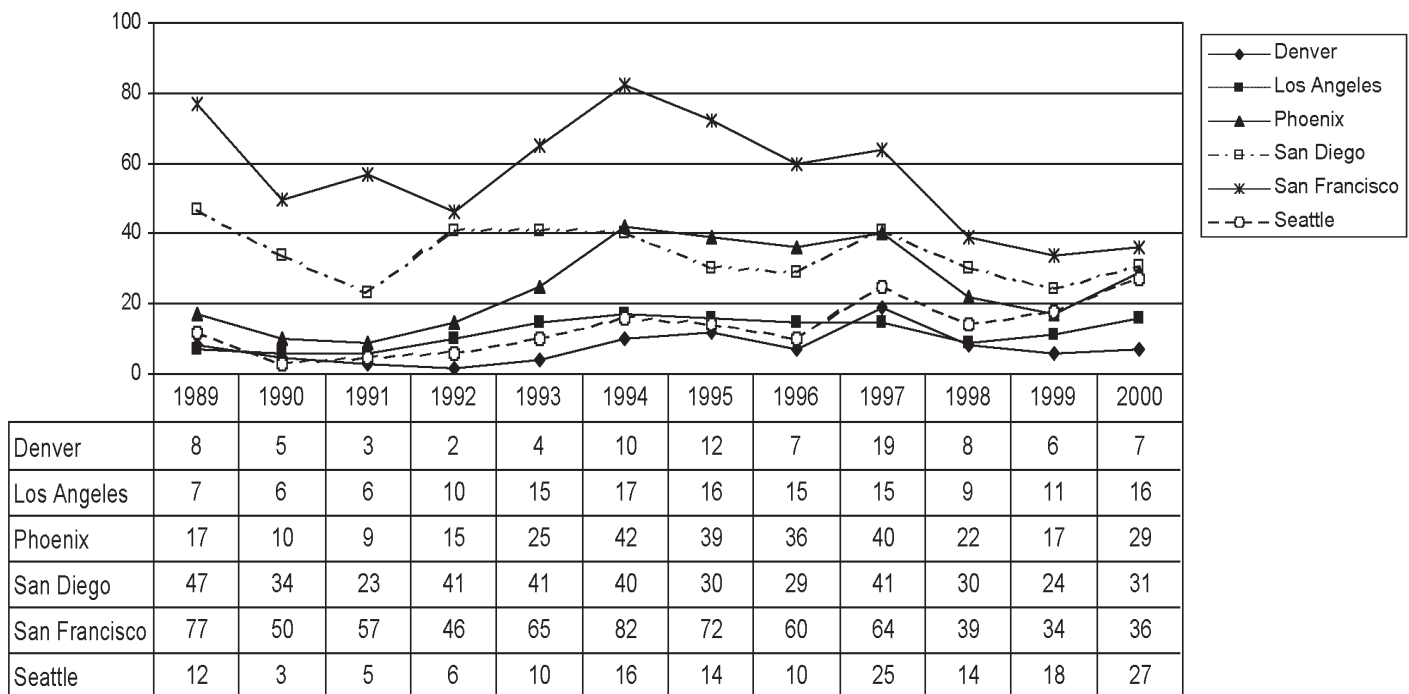
Methamphetamine and amphetamine are widely available, particularly in the rural areas. Poison control center cases, ED cases, overdose deaths, and treatment admissions are rising, but levels in Texas are much lower than in other western States. 'Uppers' were the third most frequently used illicit drug among high school students in Texas after marijuana and cocaine.

DAWN ED Data on Methamphetamine

In 2000, methamphetamine/speed was mentioned in only 2 percent of drug-related episodes reported by DAWN across the coterminous United States. Most ED mentions (81 percent) were reported in five metropolitan areas: Los Angeles (1,375), San Diego (747), Phoenix (600), San Francisco (591), and Seattle (540). From 1999 to 2000, methamphetamine/speed ED mentions and rates per 100,000 population increased significantly in Los Angeles, San Diego, Phoenix, and Seattle.

After peaking in 1994 in Los Angeles (17), Phoenix (42), and San Francisco (82), rates of methamphetamine/speed ED rates per 100,000 population decreased to lower levels in succeeding years, as shown in exhibit 29. However, in 2000, the Los Angeles rate increased to 16 per 100,000 population. In Denver, after increasing dramatically in

Exhibit 29. Estimated Rates of ED Methamphetamine/ Speed Mentions Per 100,000 Population in Selected CEWG Areas: 1990-2000



SOURCE: Office of Applied Studies, SAMHSA

1997 from 7 to 19, the rate of methamphetamine/speed mentions decreased to 8 in 1998 and remained low in 1999 and 2000. In San Diego in 1999, the rate of ED methamphetamine/speed mentions decreased to the lowest level in 8 years (24), only to increase again in 2000 (to 31). The rate in Seattle reached its highest level in 2000 (27) after fluctuating between 3 and 25 from 1990 to 1999.

In the past 12 years, ED rates have remained relatively stable at low levels in other CEWG areas. From 1999 to 2000, in St. Louis, the methamphetamine/speed rate per 100,000 population increased from 4 to 7, and the number of ED mentions increased significantly from 66 in 1998 to 162 in 2000.

Between 1999 and 2000, total coterminous United States DAWN methamphetamine/speed mentions increased 39 percent from 6,054 to 8,389 among male ED patients, but remained stable among females from 4,312 to 4,481.

Treatment Data on Methamphetamine Admissions

Admissions to treatment for primary abuse of methamphetamine are low in most CEWG areas and tend to be reported in the “stimulants” or “amphetamines” categories. The number of primary admissions in these combined categories was typically very small in 2000 (3–13) in 4 sites, but were substantial in Atlanta (102), Seattle (830), San Francisco (4,615), and the States of Hawaii (2,419) and Texas (1,878). The numbers of primary stimulant admissions by site are shown in Appendix D.

Of the six sites that reported primary methamphetamine admissions separately in 2000, these admissions accounted for 0.3 percent of admissions in Washington, D.C., 0.5 percent in Philadelphia, and 5.9 percent in Denver County. On the West Coast where abuse of this drug has been high for many years, primary methamphetamine abusers accounted for 10.2 percent of admissions in Los Angeles, 46.6 percent in Hawaii, and approximately 45.0 percent in San Diego.

ADAM Data on Methamphetamine

The ADAM CEWG cities with the highest percentages of adult male arrestees testing positive for methamphetamine were Honolulu (35.9 percent), San Diego (26.3 percent), and Phoenix (19.1 percent) (exhibit 30a). Relatively high percentages of the unweighted adult female sample also tested methamphetamine-positive in these same cities: Honolulu (47.2 percent), San Diego (28.7 percent), and Phoenix (24.1 percent). A high percentage of adult females also tested positive in Seattle (21.7 percent), but the sample included only 36 women. Among adult females testing methamphetamine-positive in San Diego, 39.7 percent were White, 32.8 percent were Hispanic, and 23.7 percent were African-American. Proportionately, Hispanic females were the most likely to test methamphetamine-positive (35.0 percent), followed by White females (30.2 percent). Only 8.4 percent of the African-American female arrestees tested positive for methamphetamine.

The percentages of juvenile arrestees testing positive for methamphetamine in San Diego were relatively small—3.1 percent for males and 3.4 percent for females (exhibit 30b). Percentages were higher in Phoenix (12.8 percent males and 10.5 percent females), Denver (11.2 percent males and 11.5 percent females), Los Angeles (8.5 percent males), and San Antonio (4.7 percent females).

Exhibit 30a. Percentages of Adult Arrestees Testing Positive for Methamphetamine in Nine CEWG Areas by Gender: ADAM 2000

City	Males	Females
Dallas	2.1	3.0
Denver	2.6	5.3
Honolulu	35.9	47.2
Houston	0.5	1.7
Phoenix	19.1	24.1
San Antonio	0.2	NS
San Diego	26.3	28.7
Seattle	9.2	21.7
Los Angeles	NS	12.3

NS = Not sampled

Exhibit 30b. Percentages of Juvenile Detainees Testing Methamphetamine-Positive in Five CEWG Areas by Gender and Race/Ethnicity: ADAM 2000

City	Gender	Total Sample		Black	White	Hispanic
		(Number)	Percent			
Denver	Male	(197)	11.2	3	10	17.0
	Female	(26)	11.5	NS	NS	37.5
Los Angeles	Male	(293)	8.5	1	3	15.0
	Female	(47)	2.1	NS	NS	4.5
Phoenix	Male	(421)	12.8	6	9	19.0
	Female	(114)	10.5	7	14	9.0
San Antonio	Male	(256)	3.1	4	4	3.0
	Female	(86)	4.7	NS	11	4.0
San Diego	Male	(256)	3.1	4	4	3.0
	Female	(58)	3.4	NS	10	0.0

NS = Not sampled

SOURCE: Arrestee Drug Abuse Monitoring Program, NIJ

Methamphetamine Availability, Price, and Purity

Availability. Widespread or steady availability of methamphetamine was reported in Denver, Honolulu, Phoenix, San Diego, and Texas. Methamphetamine was also reportedly available in Boston, Detroit, Los Angeles, Minneapolis/St. Paul, New York City, Phoenix, St. Louis, and San Diego. Availability of methamphetamine increased in Atlanta, Detroit, Seattle, and Washington, D.C. Decreasing prevalence was reported in Chicago and San Francisco, and the drug was difficult to obtain in Philadelphia. Methamphetamine was rarely reported in Baltimore and Newark and was not mentioned in CEWG reports from Miami or New Orleans.

Among CEWG areas reporting source data, methamphetamine typically came from Mexico or was manufactured in clandestine domestic labs. Mexican methamphetamine was available in Atlanta, Denver, Honolulu, and in Los Angeles. According to the National Drug Intelligence Center, Los Angeles, along with central Arizona and San Diego, functioned as transportation hubs for Mexican methamphetamine. Most of the methamphetamine in Boston was shipped from California. In Washington State, where most of the metham-

phetamine was transported from Oregon, California, and Mexico, local labs continued to proliferate. Labs in rural areas remained a problem in St. Louis and in Texas where the drug was distributed and used mostly in rural areas.

The following excerpts provide additional details on the patterns in three CEWG areas:

Atlanta *In Atlanta, many law enforcement agencies directly link the continued rise of methamphetamine availability with a rise in the presence of migrant Hispanic workers. They also partially link the price of methamphetamine to the size of the local Mexican population.*

Los Angeles *California has been referred to as a 'source country' for methamphetamine.*

Seattle *It is estimated that 65–75 percent of the methamphetamine in Washington State is transported from Oregon, California, and Mexico. However, ease of access to precursors; the availability of equipment, recipes, and locations; and the purity of methamphetamine produced by local clandestine labs contribute to their continuing proliferation.*

Price. Methamphetamine prices ranged from \$20–\$60 in Seattle to \$100–\$200 in Honolulu for grams, from \$300–\$600 in Phoenix to \$2,200–\$3,000 in Honolulu for ounces, and from \$3,500–\$10,000 in San Francisco to \$12,000–\$16,000 in New Orleans for pounds (exhibit 31). In Los Angeles, a pound of methamphetamine that cost \$4,000–\$5,000 wholesale was worth \$35,000–\$50,000 on the street. Prices were relatively stable compared with the June 2001 reporting period, except for increases in Denver for grams and ounces, in Phoenix for pounds, and in Washington, D.C., for grams; and decreases in Honolulu for grams and ounces and in Houston for pounds. In Oahu, “clear” methamphetamine (a cleaner, white form) cost more than “wash” (a brownish, less processed form): \$50 (wash) or \$75 (clear) per 0.25 gram, and \$100 (wash) or \$200 (clear) per gram. Prices for other quantities included \$125 per quarter-ounce and \$2,200 per quarter-pound in Phoenix; \$10 per 1/10 gram, \$30 per 1/4 gram, and \$100–\$125 per eight-ball (3.5 grams) in San Diego; and \$60 per quarter-gram and \$600 per eightball in Washington, D.C.

Purity. In Phoenix, methamphetamine was generally packaged in clear plastic wrap, zip-lock plastic bag, or layers of plastic wrap. Pounds were wrapped in vacuum-sealed cellophane. The packages, which were about 8–10 inches long were shaped like sausages. Purity levels ranged from 10–20 percent for Mexican methamphetamine in Denver to 90–100 percent for crystal methamphetamine (“ice”) in Honolulu. Ice was also available in Phoenix with 90–95 percent purity as was the crude, brownish, Mexican form with purity of 20–40 percent. Reported purity levels were relatively stable, except for an increase in Phoenix for the Mexican variety.

Three CEWG representatives provided in-depth information on purity:

Honolulu *‘Ice’ (crystal methamphetamine) continues to dominate the Hawaiian drug market. Prices have decreased throughout the reporting period, indicating that more ice is available on the street. Analysis of confiscated methamphetamine continues to reveal that the product is still in the 90–100 percent purity range.*

Minneapolis/St. Paul

Purity levels, while generally higher than in years past, were still quite variable, making the use of the drug even more unpredictable. Dimethylsulfone (DMSO), the most common cutting agent, is a fluffy, white substance used to treat arthritis in horses.

Washington, D.C.

During summer 2001, ethnographic reports in the District described methamphetamine as being of low quality; one informant said that the drug had become as dirty as the Hudson River. Dealers were reportedly cutting the drug with Epsom salts to simulate the burning sensation of high-quality methamphetamine. However, by fall, high-quality methamphetamine was again available on the streets in the popular forms known as ‘glass’ and ‘hydro.’

Exhibit 31. Methamphetamine Price and Purity in 13 CEWG Cities and 3 Texas Sites

Area	Purity (%)	Price		
		Gram	Ounce	Pound
Atlanta	11 (Mexican)	\$100	\$1,500	\$8,000–\$20,000
Boston	NR	\$70–\$200	\$800–\$1,900	\$8,000–\$24,000
Denver	10–20 (Mexican)	\$90–\$100	\$750–\$1,200	NR
Honolulu	90–100 (“KC”)	\$100–\$200	\$2,200–\$3,000	\$30,000
Los Angeles	15–20	NR	NR	\$4,000–\$5,000 (wholesale) \$35,000–50,000 (street value)
Minneapolis/St. Paul	variable	\$90–\$100	\$600–\$900	\$10,000–\$12,000
New Orleans	NR	\$100–\$150	\$900–\$1,500	\$12,000–\$16,000
Phoenix	20–40 (Mexican) 90–95 (“ice” or “glass”)	\$48–\$55 type unspecified	\$300–\$600 type unspecified	\$3,500–\$12,000*
St. Louis	70–80 (local) 30 (Mexican)	\$37–\$100	\$700–\$1,300	NR
San Diego	30–40	NR	NR	NR
San Francisco	NR	NR	\$500–\$1,000	\$3,500–\$10,000
Seattle	NR	\$20–\$60	\$350–\$650	\$4,250–\$6,000
Houston	NR	NR	\$500–\$800	\$6,000–\$8,000
Laredo	NR	NR	NR	\$4,500
North Texas	NR (domestic) NR (Mexican)	\$70–\$100 NR	\$400–\$1,000 NR	\$5,000–\$10,000 \$5,800–\$9,000
Washington, D.C.	NR	\$100	\$2,700	NR

* “Glass” methamphetamine

SOURCE: CEWG city reports, December 2001

3,4-Methylenedioxymethamphetamine (MDMA)

Overview

Indicators for MDMA (often referred to as “ecstasy”) increased in 16 CEWG areas, and remained stable in 5. MDMA is the most frequently reported “club drug” in most CEWG areas. Use of MDMA continues to spread beyond raves and nightclubs, where it was initially reported, to additional locations and populations.

According to the 2000 Monitoring the Future Study, an annual national survey of drug use among adolescents in the United States, MDMA use has increased for the second consecutive year among students in the 8th, 10th, and 12th grades. Among 12th-graders, lifetime use increased from 8 to 11 percent. Perceived availability of MDMA increased from 40 to 51 percent among seniors. Both annual and 30-day prevalence of MDMA use were higher among Hispanic (10.6 and 4.5 percent) than among White (7.6 and 3.3 percent) and African-American (1.3 and 0.9 percent) seniors.

In recent years, pills and tablets marketed and sold as ecstasy have increasingly included substances in addition to and other than MDMA. The types of drugs and adulterants used in pills and tablets sold as ecstasy differ within and between CEWG areas. Thirteen CEWG representatives elaborated on increases in MDMA or ecstasy use in their respective areas as shown below:

Atlanta *According to local ethnographic reports, ecstasy use is common among both men and women and among persons younger than 35. Local reports indicate an increase in the use of ecstasy among certain African-American social networks, particularly those connected to a music or club scene. MDMA is being used in a wide variety of settings, with people no longer exclusively using in clubs and raves.*

Baltimore *The Maryland Drug Early Warning System reported that ecstasy was moving from the club scene to the broader population in Baltimore’s suburban counties, but not in Baltimore City. DAWN ED mentions rose from 35 in 1999 to 64 in 2000.*

Boston *MDMA use was characterized by most contacts as still primarily a White, middle-class phenomenon, partially because of its relatively high cost. However, two sources in Boston reported that its use is increasing among non-White city youth.*

Chicago *Once limited to the rave scene, ecstasy can be found in most mainstream dance clubs and many house parties, according to ethnographic reports. It continues to be used predominantly by White youth.*

Detroit *Users are typically college students or young professionals, who often take ecstasy in dance settings. Urban areas outside Detroit noted significant ecstasy use, including Kalamazoo, Battle Creek, and Grand Rapids.*

Los Angeles *According to the Los Angeles Police Department, the use of ‘club drugs’ such as MDMA has become increasingly popular in venues other than clubs or raves. More and more people are using in their homes or in other social settings. Law enforcement officials perceive the use of MDMA as an increasing threat to the public’s health.*

Miami *Hospital ED mentions related to MDMA are increasing and continue to involve predominantly younger White patients. For the first time in 2000, more teens abused ecstasy than cocaine. Hospital data on 49 cases in the first half of 2001 show that 92 percent were White non-Hispanics, with 15 percent being in their teens and 71 percent in their twenties.*

Minneapolis

MDMA abuse by young people in the metropolitan area continued to escalate, and is no longer limited to rave or nightclub settings. School-based counselors reported emergence of MDMA abuse and rave garb among students since the spring of 2000.

New Orleans

It was reported that MDMA use has spread to colleges and nearby parishes.

Philadelphia

MDMA has become increasingly acceptable among the mainstream population.

St. Louis *The rave scene has become popular in St. Louis, where ecstasy is freely available. Most users are teenagers or young adults. Ecstasy use appears to be an even greater problem in Kansas City, according to the DEA. There appear to be two age groups of users: 15–19 and 20–25.*

San Diego *Expert focus group members reported that they believed ecstasy would be the next drug epidemic in San Diego. They see use by adolescents and young adults increasing radically.*

San Francisco

MDMA abuse continues to increase, according to street-based observers.

DAWN ED Data on MDMA

Total MDMA DAWN ED mentions in the coterminous United States increased 295 percent over the 2-year period from 1998 to 2000. More than 80 percent of the MDMA mentions reported were for ED patients younger than 26.

Although small compared to other drugs, ED MDMA mentions rose in 18 of the 20 CEWG areas included in DAWN.

As shown in exhibit 32, the areas with the highest number of mentions in 2000 were Chicago (215), New York City (200), Los Angeles (177), Philadelphia (141), Seattle (128), and Boston (125). Sharp percentage increases in MDMA mentions

between 1999 and 2000 were reported in Minneapolis/St. Paul (306 percent), Seattle (300 percent), and Phoenix and Denver (280 percent each).

Mortality and MDMA

Deaths associated with MDMA use were reported by seven CEWG representatives.

Detroit *The Wayne County Medical Examiner laboratory identified one MDMA/MDA death in 1998, two in 1999, and three in 2000. Two cases were found among decedents between April and September 2001. Multiple drugs were found in all these cases.*

Honolulu *There are reports of deaths associated with ecstasy.*

Miami *There were five deaths associated with MDMA in the first half of 2001.*

Minneapolis

In 2001, there were no MDMA-related deaths in Ramsey County. One death was reported in Hennepin County involving a 19-year-old Black male for whom recent MDMA use was cited as a significant contributing condition. This compares with three MDMA-related deaths each in Hennepin and three in Ramsey Counties in 2000.

Phoenix *A massive rave, held just inside California over the Arizona border on the Chemehuevi Indian Reservation had an estimated attendance of 30,000. Five deaths were reported as were 61 unconfirmed hospital admissions.*

Philadelphia

MDMA was present in four mortality cases in 1999, the first time the drug was detected. In the first and second halves of 2000, MDMA was detected in three and five decedents, respectively. There were eight such detections during the first half of 2001.

Texas *In 1999, two deaths involved MDMA in Texas. There was one death in 2001.*

**Exhibit 32. MDMA DAWN ED Mentions by CEWG Site and Percent Change
Between 1999 and 2000**

CEWG Site	1994	1995	1996	1997	1998	1999	2000	Percent Chang 1999–2000	Total Number* 2000 ED Mentions	Percent of Total ED Mentions
Atlanta				19	33	62	68	9.7	21,939	0.31
Baltimore	0	8	2	2	6	35	64	82.9	19,874	0.32
Boston	5	7		16	39	87	125	43.7	25,863	0.48
Chicago	10	8	22	33	25	103	215	108.7	55,449	0.39
Dallas	21	57	20	17	15	24	71	195.8	12,476	0.57
Denver	2	3	1	11	6	15	57	280.0	8,561	0.67
Detroit		0	0		6	40	60	50.0	32,740	0.18
Los Angeles	14	37	46	24	30	52	177	240.4	45,015	0.39
Miami	2	4	9	28	12	59	105	78.0	14,883	0.71
Mpls./St. Paul	2		4		2	16	65	306.3	10,090	0.64
Newark	0		4		2	38	21	-44.7	13,072	0.16
New Orleans	12		12	13	42	51	44	-13.7	9,172	0.48
New York	7	14	24	41	31	136	200	47.1	52,636	0.38
Philadelphia			0	19	27	89	141	58.4	44,385	0.32
Phoenix		1		6	2	20	76	280.0	15,428	0.49
St. Louis	0	1	2	2		15	52	246.7	13,317	0.39
San Diego	6	6	17	8	14	25	47	88.0	11,639	0.40
San Francisco	32	29	32	35	38	47	107	127.7	12,171	0.88
Seattle	2	10	12	20	19	32	128	300.0	18,974	0.67
Wash., DC					23		78		16,229	0.48

*Estimated number

SOURCE: Office of Applied Studies, SAMHSA

Treatment Data on MDMA

There is evidence in some CEWG areas that MDMA users are being admitted to treatment in greater numbers or that individuals use MDMA in addition to other primary drugs, as indicated in the excerpts below.

Denver *Denver-area programs are beginning to see a few young clients coming to treatment for MDMA as a primary drug. A survey of 764 clients showed that 35 percent reported lifetime use of ecstasy with 4.6 percent having used it in the past 30 days. The average age of these users was 17.3 years.*

Minneapolis

Addiction treatment programs reported a rising number of patients who were heavy MDMA abusers.

Texas

Adult admissions for a primary, secondary, or tertiary problem with ecstasy increased from 45 in 1998 to 97 in 1999 to 141 in 2000 to 200 through October 2001. Among adolescents, there were 18 such admissions in 1998, 17 in 1999, 58 in 2000, and 75 through October 2001. Among adults in 2001, 53 percent were referred by the criminal justice or legal system. Among adolescents, 81 percent were referred by the juvenile justice system in 2001.

Physical Consequences of MDMA/Ecstasy Use

The rising ED rates, the fact that MDMA is being associated with drug-related deaths, and the presence of MDMA/ecstasy abusers in drug treatment programs are evidence of the adverse physical consequences of its use. A stimulant and low-level hallucinogen, MDMA is a Schedule I drug under the Controlled Substances Act. There is no acceptable medical use for it in the United States. Adverse short-term effects associated with MDMA include increased heart rate and blood pressure, overheating, dehydration, and even heart or kidney failure. Longer term effects can include brain damage, depression, acute anxiety, memory loss, learning difficulties, and aggressive and impulsive behavior. However, as with other drugs in pill or tablet form, MDMA is perceived by users as safer than drugs that must be injected or inhaled.

MDMA/Ecstasy and Multiple Drug Use

The adverse physical consequences attributed to MDMA/ecstasy use are confounded by the fact that these users often use multiple substances. Nine CEWG representatives presented data on polydrug use involving MDMA/ecstasy.

Atlanta *Reports suggest variable content of ecstasy pills or tablets with reports of other substances being sold as ecstasy. Ethnographers have come across some dealers and users who have had their MDMA tested to determine the contents. Many contained cocaine while a few had small amounts of heroin in them. Others are reporting that they are locally cutting their own MDMA with OxyContin.*

Chicago *It is not unusual for ecstasy users to use other drugs, including nitrous oxide. Some samples of ecstasy have been found to contain other drugs; PCP is one such drug used in combination with MDMA.*

Miami *The practice of 'rolling' has been reported in Miami and Orlando. This is when individuals use heroin to counteract the stimulant effect of ecstasy. Of 49 hospital cases where ecstasy was felt to be involved in the first half of 2001, many involved a combination of ecstasy and some other drug, including alcohol (n = 21, 43 percent), marijuana (33 percent), cocaine (33 percent), GHB (22 percent), benzodiazepines (especially alprazolam [Xanax], 14 percent), and LSD (2 percent).*

New York *The Street Studies Unit reports mixing of MDMA with other substances. It is generally sold in pill form, but in Brooklyn it was supposedly sold in powder form with cocaine HCl and smoked in a blunt. The SSU reports that MDMA was mixed with heroin and sold under the brand names 'On the Ball' and 'Wombstone.' There are also reports that some dealers are selling Excedrin pills as ecstasy because they have an E in the center and a split in the back. According to one informant, 'In the nightclubs, people cannot tell the difference, especially after a few drugs in the system with alcohol.'*

Philadelphia *Spring and autumn 2000 focus groups described MDMA as highly potent and used in combination with heroin, alcohol, and/or cough syrup. Spring and autumn 2001 focus groups reported that MDMA is used in combination with marijuana and LSD.*

Phoenix *PMA continues to show up in pills being sold as ecstasy. Many of these pills are stamped with a three-dimensional Mitsubishi logo. A popular nighttime disc jockey died in April from PMA.*

San Francisco *Observers report that MDMA is smoked with marijuana or mixed in alcoholic drinks.*

Seattle *Mixing club drugs together, whether all at once or over several hours, seems to be gaining popularity.*

Washington, D.C.

Polydrug use remains a common feature among club drug users in the District. For example, local users will ingest ecstasy in conjunction with marijuana, LSD, and ketamine.

Manufacture and Trafficking of MDMA

According to the DEA, small clandestine laboratories in rural areas of the Benelux countries (the Netherlands and Belgium) now produce approximately 80 percent of the MDMA consumed worldwide, using precursor chemicals obtained from China, India, Germany, and Poland. The most common MDMA precursor chemicals produced in these countries are safrole, isosafrole, MDP2P, and piperonal. The Netherlands and Belgium, because of their multiple sea, air, and rail connections to other countries throughout Europe and to the United States, have proved to be ideal locations for trafficking MDMA to multiple markets. Once MDMA is produced, it is typically pressed into pills and packaged for immediate transfer to a wholesale group that will smuggle it to other countries. This smuggling has been dominated by Israeli and Russian drug trafficking organizations since the mid-1990s.

These criminal organizations smuggle MDMA to the United States through express mail services, couriers, and sea containers. Once in the United States, the drug is passed to midlevel wholesalers who pass it on to the retail level. Criminal organizations in other countries appear to be developing the capability to produce MDMA. However, MDMA is not easy to manufacture because of the difficulty in obtaining all the precursor chemicals needed.

Seizures of MDMA

The U.S. Customs Service and other law enforcement agencies continue to seize large amounts of MDMA which as noted earlier, now come primarily from the Netherlands, Belgium, and other sites in Europe. In 2000, the U.S. Customs Service seized 9.3 million MDMA tablets being smuggled into the United States. This compares to 3.5 million in 1999, 750,000 in 1998, and 400,000 in 1997. A total of more than 4 million pills were seized by U.S. Customs in the first 4 months of 2001.

Exhibit 33 illustrates the quantities of MDMA seized by U.S. Customs in selected locations during 2000–2001 by date, location, and origin. Most seizures occurred at airports with the largest seizure being in Los Angeles in September 2000.

Exhibit 33. U.S. Customs Service MDMA Seizures by Date, Location, Quantity Seized, and Origin: 2000 and 2001

Date	Location	Number of Pills/Tablets	Origin of MDMA
8/6/2001	Pittsburgh	63,000	Germany
5/6/2001	Chicago	118,000	Brussels, Belgium
2/6/2001	Philadelphia	210,000	Europe
1/2/2001	Niagara Falls (NY)*	13,500	Amsterdam
12/14/2000	Miami	290,000	Netherlands
11/28/2000	Miami	126,739	Europe
7/22/2000	Los Angeles	2,100,000	Europe
7/14/2000	Houston	Not Specified	Europe
6/23/2000	Phoenix	75,502	Belgium

* Seizure made at a bridge port; seizures in all other cities were at airports.

SOURCE: U.S. Customs Service

CEWG representatives from 10 areas also reported on seizures or analyses of samples of MDMA seized. One seizure involved a clandestine laboratory near San Diego.

Atlanta *The Atlanta HIDTA Task Force Airport Group at Hartsfield seized large amounts of MDMA last year with more than 9,000 tablets confiscated in March 2000 alone. In February 2000, U.S. Customs officers intercepted a courier at Hartsfield who had swallowed 1,600 tablets in a number of balloons. This was the first time the Customs Service had observed smuggling of MDMA in this manner that is more closely associated with cocaine and heroin. The major source of MDMA continues to be Europe, specifically countries like Belgium and the Netherlands.*

Boston *The DEA, State Police, and the Department of Public Health report many seizures or lab submissions involving MDMA, coming primarily from Europe via New York City.*

Chicago *In May 2001, 118,000 ecstasy tablets totally 54 pounds and valued at \$3.5 million were seized at O'Hare Airport.*

Denver *The Jefferson County Task Force reports increasing availability of MDMA with seizures of 500 dosage units a common occurrence. Traffickers are typically White and in their late teens or twenties; they get MDMA from Las Vegas and cities in California.*

Detroit *Customs seizures via airport and land seizures involving the border netted 14,145 pills in 1998, 42,000 pills in 1999, 131,000 in 2000; it is estimated that current efforts in 2001 will end up seizing almost 400,000 ecstasy pills by year end. Sources are Europe or Canada (where it is reported that six labs were seized in Quebec or Ontario in 2000). A lab seized in Kalamazoo reportedly had the potential to make ecstasy. Terms such as 'jars' (quantities between 30 and 100 pills) and 'buckets' (up to 1,000 pills) have emerged in the distribution chain.*

Miami *As of January 1, 2000, the Broward Sheriff's Office Crime Lab began to report MDMA cases separately. During 2000, MDMA accounted for 244 cases, more than heroin (188) or other drugs. In the first 6 months of 2001, there were 132 ecstasy cases, more than for heroin and other drugs combined. Although not yet verified, there are rumors of clandestine labs in South Florida beginning MDMA production.*

Minneapolis *Law enforcement seizures of MDMA submitted to the Minneapolis crime lab rose from 2,047 dosage units in 2000 to 7,346 through October 2001. MDMA seizures at the State crime lab increased from 213 tablets in 2000 to 2,892 through September 2001. Approximately 3,000 tablets were seized in the Asian community in 2001. The local DEA field office confiscated 1.7 kilograms of MDMA powder and 1,578 dosage units in 2000.*

San Diego *In mid-October 2001, DEA agents raided and seized a major MDMA laboratory in Escondido, a city in north San Diego County, the first and only such lab seized in the United States. It was well hidden behind a revolving bookcase. The highly sophisticated laboratory was capable of producing 1.5 million ecstasy tablets a month with a street value of \$20 each.*

Texas *Department of Public Safety labs identified MDMA as the substance in 102 exhibits in 1999, 373 in 2000, and 259 through three quarters in 2001.*

Availability, Price, and Purity of MDMA

Availability. MDMA/ecstasy was available in all CEWG areas, except Honolulu, where it was not reported, and Newark, where it was rare. It was described as widely or readily available in Boston, New York City (where availability also increased), Detroit (throughout Michigan), St. Louis, Denver, Phoenix (throughout Arizona), and Texas. Increasing availability was also cited in Boston, Miami (where it was thought to be the cause of a possible drop in prices in the first half of 2001), Washington, D.C. (despite disruption of some markets after the terrorist attacks), Chicago (where use expanded from raves to most mainstream dance clubs and many house parties), Detroit, and Texas.

Europe was cited as the source of MDMA in four of the five cities reporting such data (Atlanta, Boston, Denver, and Miami), with Atlanta and Miami specifically identifying Belgium and the Netherlands. In Detroit, both Europe and Canada were identified as sources. The drug reached Boston via New York City, and Denver via Las Vegas and various cities in California. Los Angeles was cited as one of several ports of entry for MDMA.

Price. The retail price per MDMA/ecstasy pill ranged from \$10–\$25 in Miami to \$20–\$40 in Chicago (exhibit 34). Prices were relatively stable compared with the June 2001 reporting period, except for Miami and San Francisco (where they decreased) and Denver (where the range broadened from \$25 to \$10–\$30). In Washington, D.C., where the range was \$20–\$35, \$20 was the most common price.

Purity. The variable content of MDMA/ecstasy pills was commonly reported in CEWG areas. What was sold as ecstasy often contained one or more alternate or additional substances, including caffeine, cocaine, heroin, ketamine, methylenedioxymphetamine (MDA), OxyContin, paramethoxyamphetamine, and phencyclidine (PCP). In Texas, the amphetamine benzylpiperazine and the hallucinogen 3-trifluoromethylphenylpiperazine were being combined and sold as ecstasy. According to youth offenders in New York, there was a widespread belief that ecstasy was adulterated with mescaline or methamphetamine, as well as with cocaine or heroin.

Exhibit 34. MDMA Prices in 16 Reporting CEWG Cities and 4 Texas Sites

Area		Price/Pill or Dosage Unit
Atlanta		\$20/pill or tablet
Boston		\$20–\$30/tablet
Chicago		\$20–\$40/pill
Denver		\$10–\$30/capsule
Detroit		\$10/pill wholesale for 500 pills
Miami		\$8/pill (wholesale) \$10–\$25 pill (retail)
Minneapolis/St. Paul		\$20/capsule
New Orleans		\$15–\$25/dose
New York City		\$5–\$13/pill wholesale \$25–\$38/pill (retail)
Philadelphia		\$20–\$25/dose
Phoenix		\$5.50–\$10.50/tablet (wholesale) \$15–\$30/tablet (retail)
St. Louis		\$20–\$30/dose
San Diego		\$20/dose
San Francisco		\$15–\$20/pill
Seattle		\$20–\$30/150–250 milligrams
Texas	Dallas	\$10–\$40/dose \$25–\$30/dose
	Houston, Galveston, and McAllen	
Washington, D.C.		\$150–\$200/"10 pack" \$20–\$35/pill (retail)

SOURCE: CEWG city reports, December 2001

Boston *MDMA purity reported by the State Police lab remained high with caffeine the most common adulterant.*

Los Angeles

Los Angeles is one of several 'principal importation gateways,' or ports of entry, for MDMA. The DEA warns the public of an emerging concern—'crystal ecstasy.' This form of ecstasy has a purity of 96 percent. Ecstasy tablets, on the other hand, are approximately 35 percent pure. Although the use of crystal ecstasy

has yet to be observed in Los Angeles, it has recently been seized in other cities, such as Philadelphia, Tucson, Houston, and Boulder.

Minneapolis/St. Paul

More frequently than in the past, alleged MDMA pills contain additional or alternate psychoactive ingredients. MDA, a chemical similar in effect to MDMA, was being sold as MDMA, and pills with butterfly imprints were found to contain PCP. Other pills sold as ecstasy were found to have a mixture of MDMA and ketamine, and others a mixture of MDMA, ketamine, methamphetamine, and caffeine.

New York *The Street Studies Unit has noted two recent changes surrounding MDMA: its move from the clubs to the street and the mixing of MDMA with other substances.*

Seattle *Quality and consistency have become increasingly unpredictable with many users reporting incidents of unknown or 'strange' combinations of drugs being sold as 'ecstasy.' In the local treatment intake survey, a significantly higher number of respondents reported taking 'something other than intended or expected' compared with the same period the year prior.*

GAMMA HYDROXYBUTYRATE (GHB)

Overview

Fifteen CEWG areas reported increases in GHB indicators. Indicators were stable in five other CEWG areas and declined in one. This central nervous system depressant, which can relax or sedate the body, is classified as a Schedule I drug and can be produced in clear liquid, white powder, tablet, and capsule form. The production process is simple, requiring only gamma butyrolactone (GBL) and either sodium hydrochloride or potassium hydrochloride.

GHB indicators increased in the following 15 CEWG areas:

Boston *GHB is significant among club drugs; Massachusetts Poison Control Center continued to report many calls regarding GHB and its precursor, GBL, involving mostly adolescent and young adult males.*

Chicago *GHB is used infrequently, mainly by young White males. Recent ED mentions for GHB increased from 135 to 139 between 1999 and 2000. ED mentions per 100,000 population increased 92 percent between 1998 and 1999 from 1.2 to 2.3, but remain unchanged in 2000 (2.3). Compared with other club drugs, overdoses are more frequent with GHB, especially when used in combination with alcohol. GHB use is perceived to be low compared with ecstasy.*

Denver *GHB is often used in combination with alcohol, making it even more dangerous. During the 1994–98 time period, the Rocky Mountain Poison and Drug Center reported only one to six calls about GHB. However, in 1999, the number jumped to 92. GHB ED mentions also increased from 7 in 1997 to 13 in 1998 to 70 in 1999. However, such mentions dropped to 43 in 2000. DEA reports GHB is increasing in popularity in Colorado and is readily available at raves, nightclubs, strip clubs, and private*

parties. One treatment program stated that some of their young clients have said they think GHB is dangerous and can kill them.

Los Angeles

ED mentions of GHB increased 15 percent from 1999 to 2000. According to the LAPD, the use of club drugs has become increasingly popular in venues other than clubs or raves. The use of the Internet to purchase precursor chemicals has increased. Law enforcement officials perceive the use of MDMA and GHB as an increasing threat to the public's health.

Miami

GHB is a commonly abused substance in South Florida. This drug has become popular at raves and other parties, is commonly mixed with alcohol, has been implicated in drug rapes and other crimes, has a short duration of action, and is not easily detectable on routine hospital toxicology screens. During the first 6 months of 2001, Broward General Medical Center ED treated 32 people with GHB or GHB precursor overdose and two GHB withdrawal cases. There were 77 cases in all of 2000. In virtually every GHB overdose case during the first half of 2001, the reason for the ED visit was decreased responsiveness or coma usually lasting less than 3 hours. Products containing 1,4 butanediol (1,4 BD) are sold in health food stores; artfully worded labels often say that this product does not contain GHB. In addition, these labels may state that this product is a cleanser and that it is harmful if swallowed.

Minneapolis/St. Paul

From 1999 to 2000, ED episodes for GHB rose from 33 to 93, accounting for more ED episodes than any other club drug in the metropolitan area. Because becoming unarousable is part of the GHB experience, some people mark the palm of their hand with a large letter G to indicate they are using GHB, so that if they are found unconscious, their friends need not call

911. Addiction treatment programs reported a growing number of patients presenting with GHB addiction who exhibited physical dependence, tolerance, and withdrawal. A typical scenario after several months of use is a compulsion to dose with GHB every 3 hours at the risk of experiencing severe withdrawal symptoms. Despite recent State and Federal laws targeting GHB, GBL, and 1,4 BD, it is still possible to purchase products that contain these chemicals on the Internet.

Newark

GHB and ketamine are believed to be used at rave parties around college campuses. According to DAWN data, there were 7 GHB ED mentions and 14 ketamine ED mentions in 1999. In 2000, the corresponding numbers were only five and nine, respectively. Data from the 2001 Middle School Substance Use Survey show that 2.4 percent of 7th- and 8th-grade students reported lifetime use of club drugs, including ecstasy, GHB, and ketamine.

New York Another club drug of concern is GHB, and while DAWN ED mentions for GHB in the city are very small, there was a marked increase to 31 mentions in 2000, up from 16 in 1999 and 5 in 1998.

Philadelphia

GHB was mentioned in 53 DAWN ED cases in 1999 and 79 in 2000. Prior to 1999 GHB cases were either nonexistent or did not meet DAWN's standard of precision.

Phoenix Reported prices for GHB were \$5–\$10 for one dose (1 teaspoon), \$425 for 25 pounds, \$3,200 for a 55-gallon drum wholesale, and \$4,300 for a 55-gallon drum retail.

St. Louis GHB use has increased in the St. Louis area. Because it is a depressant, its use with alcohol and its unpredictable purity present users with major health risks. Five deaths were reported in Missouri, and two near-deaths recently in St. Charles County when GHB was used as a date-rape drug.

San Diego *Other drugs frequently in the news in 2000 were ecstasy, GHB, and ketamine. These drugs were regularly spotted in raves, and law enforcement was aware that ecstasy, GHB, and LSD were easily obtained by adolescents and young adults.*

San Francisco

GHB and ketamine each had the highest ED mentions ever in 2000, the most recent period of observation. The actual number of club drug mentions remains small, however, compared with cocaine or methamphetamine.

Seattle

ED mentions of GHB increased by 67.8 percent between 1999 and 2000. However, MDMA and GHB each constitute less than 1 percent of total ED mentions. No deaths involving GHB were reported during the first half of 2001. Mixing club drugs together, either all at once or over several hours, also seems to be gaining popularity.

Texas

Texas Poison Control Centers reported 100 confirmed exposures to GHB, GBL, and 1,4 BD in 1998, compared with 166 in 1999, 154 in 2000, and 108 through the third quarter of 2001. ED mentions for GHB peaked in 2000, when the rate was 3 per 100,000 population. Clients with a primary, secondary, or tertiary problem with GHB, GBL, or 1,4 BD are being seen in treatment. In 1999, 17 adults were admitted; in 2000, 12; and in 2001 to date, 15. The DEA reports GHB is becoming more available because of the ease of converting GBL into GHB. More labs are being seized in 2001 than in prior years.

GHB indicators remained stable in three CEWG areas in 2000.

Atlanta

In Atlanta, it was reported that GHB remains common based on ethnographic reports. The GHB ED rates per 100,000 population increased steadily from 1994, but fell slightly from 1999 to 2000.

Baltimore

Only three GHB ED mentions were reported by local hospitals in 2000.

Washington, D.C.

Limited use of GHB was reported among clubgoers and young professionals in the second half of 2001. The drug continues to have an unsafe reputation. According to one local resident, GHB is far too strong and makes one out of control.

Two CEWG areas reported a decline in GHB indicators.

Detroit

Abuse of GHB or GBL appears to be on the decline. Hospital ED mentions and poison control case reports for GHB and GBL peaked in 1999.

New Orleans

GHB ED mentions peaked at 78 in 1999 and declined in 2000.

DAWN ED Data on GHB

Total DAWN ED mentions of GHB increased significantly over the 2-year period from 1998 to 2000 (288 percent). More than 60 percent of the mentions were for ED patients younger than 26.

As shown in exhibit 35, the areas with the highest estimated numbers of GHB ED mentions in 2000 included Dallas (169), San Francisco (151), Los Angeles (149), Chicago (139), Atlanta (129), and Minneapolis (93). The highest percentage increase in GHB mentions between 1999 and 2000 was in Minneapolis (182 percent).

Exhibit 35. GHB DAWN ED Mentions by CEWG Area and Percent Change Between 1999 and 2000

CEWG Site	1994	1995	1996	1997	1998	1999	2000	Percent Change 1999–2000	Total Number* 2000 ED Mentions	Percent of Total ED Mentions
Atlanta	1	14	38	54	80	142	129	-9.2	21,939	0.59
Baltimore	0	0	0	0	0	7	3	-57.1	19,874	0.02
Boston	0	0	1	2	6	26	26	0.0	25,863	0.10
Chicago	0	6	33	55	69	135	139	3.0	55,449	0.25
Dallas	11	37	60	72	160	156	169	8.3	12,476	1.35
Denver	0	0	0	7	13	71	43	-39.4	8,561	0.50
Detroit		0			11	45	22	-51.1	32,740	0.07
Los Angeles	27		108		48	130	149	14.6	45,015	0.33
Miami	0	0		2	10	29	46	58.6	14,883	0.31
Mpls./ St. Paul	1	0	2	1	8	33	93	181.8	10,090	0.92
Newark	0	0	0	0	0	7	5	-28.6	13,072	0.04
New Orleans	0	1	8	27	35	78	69	-11.5	9,172	0.75
New York	0	0		6	5	16	31	93.8	52,636	0.06
Philadelphia	0	0	0			53	79	49.1	44,385	0.18
Phoenix	0	0	0	3	2	17	16	-5.9	15,428	0.10
St. Louis	0	1	0	0		8	7	-12.5	13,317	0.05
San Diego	3	22	37	34	34	77	65	-15.6	11,639	0.56
San Francisco	11	16	78	83	102	138	151	9.4	12,171	1.24
Seattle	0	0	3		17	34	57	67.8	18,974	0.30
Wash., DC	0	1	0	0	4	13	24	84.6	16,229	0.15

*Estimated number

SOURCE: Office of Applied Studies, SAMHSA

Treatment Data on GHB

Only Minneapolis/St. Paul and Texas reported increases in treatment admissions for GHB.

Availability, Price, and Purity of GHB

Availability. GHB was available in most CEWG areas, in some cases along with its precursors GBL and 1,4 BD. GHB was described as readily available at raves, nightclubs, strip clubs, and private parties in Colorado, and as easily obtainable by adolescents and young adults in San Diego. According to the DEA, availability was increasing in Texas because of the ease with which GBL can be converted into GHB. GHB was not reported in Honolulu and was rare in Newark, limited in Washington, D.C., and not seen as an emerging drug in the Baltimore area.

GHB can still be purchased in health food stores and through the internet in some CEWG areas:

Miami *The label for a product containing 1,4 butanediol (1,4 BD) may state that this product is a cleanser and that it is harmful if swallowed. However, it is sold in health food stores with dietary supplements, and a 32-ounce bottle typically sells for \$40–\$70. This is similar to what GBL- and GHB-containing products were selling for and far out of proportion with what most reasonable people would pay for a cleanser.*

Minneapolis/ St. Paul

Despite recent State and Federal laws and regulatory actions targeting GHB, GBL, and 1,4 BD, it is still possible to purchase products that contain these chemicals on the Internet, where they are sold as nutritional supplements, muscle-stimulating growth hormones, aphrodisiacs, fish tank cleaners, or household cleaning solvents.

Price. Among the dozen CEWG cities for which GHB cost data were reported, dose prices ranged from \$5 in New Orleans and St. Louis to \$10–\$20 in Atlanta. These prices were stable compared with the June 2001 reporting period, except for Dallas, where the cost per dose increased. Although specific prices in Seattle were not reported, they were described as stable. Exhibit 36 shows recent GHB prices in 10 CEWG cities and 2 Texas sites.

Purity. Little was reported on purity levels of GHB.

Exhibit 36. GHB Prices in 10 CEWG Cities and 2 Texas Sites

Area		Price/Quantity
Area		Price/Quantity
Atlanta		\$10–\$20/dose
Chicago		\$5–\$10/bottle capful
Texas	Dallas	\$20/dose, \$500–\$900/gallon
	Houston	\$5–\$10/dose, \$725–\$1,000/gallon
Denver		\$5–\$10/bottle capful
Miami		\$40–\$70/32-ounce bottle of 1,4 BD
Minneapolis/St. Paul		\$10/capful, shot, glassful or swig
New Orleans		\$5/capsule, \$10/ounce GHB and GBL, \$5–\$10/dose (teaspoon), \$425/25 pounds
Phoenix		\$3,200/55-gallon drum wholesale, \$4,300/55-gallon drum retail
St. Louis		\$5/capful, \$40/ounce
San Diego		\$10/liquid ounce
Washington, D.C.		\$10/thimbleful

SOURCE: CEWG city reports, December 2001

PHENCYCLIDINE (PCP)

Overview

Indicators from 14 CEWG areas suggest that abuse of PCP is not widespread. For example, the DEA reported that PCP use was rare in most of New England, except metropolitan areas in Connecticut. However, there is evidence that PCP abuse is increasing in other areas. The LAPD noted that PCP's popularity has recently increased substantially and DEA reports a significant increase in PCP use in the Dallas area. Washington, D.C., reports increases in arrestees testing positive for PCP and increases in seizures of the drug. DAWN ED mentions have also increased.

DAWN ED Data on PCP/PCP Combinations

Mentions of PCP/PCP combinations in DAWN for the total coterminus United States increased significantly from 4,696 in 1999 to 6,583 in 2000.

Across the 20 CEWG areas included in DAWN, rates of PCP mentions per 100,000 population increased in 10, decreased in 2, and remained stable in 8. Rates per 100,000 population were highest in Chicago, Philadelphia, Los Angeles, Washington, D.C., and Seattle where, as shown in exhibit 37, they increased from 1999 to 2000.

EXHIBIT 37. CEWG Areas with the Highest Rates of DAWN ED PCP Mentions Per 100,000 Population: 1999–2000

Area	1999	2000
Chicago	10.6	16.6
Philadelphia	12.1	12.4
Los Angeles	8.6	9.5
Washington, D.C.	4.5	8.1
Seattle	2.5	5.9

SOURCE: Office of Applied Studies, SAMHSA

Although relatively low, rates of PCP mentions per 100,000 population also increased from 1999 to 2000 in Dallas (3.9 to 4.8), San Francisco (3.9 to 4.3), and Baltimore (1.9 to 3.1). In the remaining 12 CEWG sites, PCP ED rates in 2000 ranged between 0.2 (San Francisco) and 2.8 (New York).

Mortality and PCP

PCP detections among decedents in Philadelphia declined to 22 in the first half of 2001, following a peak of 34 in the second half of 2000. PCP-induced deaths continued to decline in Los Angeles in 2000 to 51, down from the peak of 66 in 1997.

Treatment Data on PCP

Treatment admissions for primary abuse of PCP remained low, accounting for less than 1 percent of admissions in most CEWG sites. The number of primary PCP admissions increased in Newark (from 17 in 1999 to 33 in 2000) and Los Angeles (from 166 in the second half of 2000 to 198 in the first half of 2001). In Texas, the number of persons admitted with PCP as a primary, secondary, or tertiary drug of abuse increased also from 102 in 1998 to 174 in the first three quarters of 2001. A slight decrease occurred in Philadelphia where PCP was mentioned as a primary, secondary, or tertiary drug by 2.6 percent of admissions in the first half of 2001 compared with 3.2 percent in the first half of 2000. In Texas, a relatively high percentage of primary marijuana admissions in 2000 had used PCP as a secondary or tertiary drug.

ADAM and Other Arrestee Data on PCP

ADAM report data for 200 did not include adult males in Chicago. In the 17 sites for which adult data are available, the results show that no males tested positive for PCP in 6 sites and less than 1 percent did so in 5 sites. Among adult females, none tested PCP-positive in seven sites and only 0.4 percent did so in two sites. The pattern was similar among juvenile arrestees. Exhibit 38 shows the sites where at least 0.9 percent of an arrestee group tested positive for PCP.

Exhibit 38. ADAM Sites Where Nearly 1 Percent or More of Adult and Juvenile Arrestees Tested PCP-Positive: 2000

Site	Adults		Juveniles	
	Male	Female	Male	Female
Chicago	*	3.2	NS	NS
Dallas	3.9	1.5	NS	NS
Houston	4.8	1.7	NS	NS
Los Angeles	NS	1.5	1.0	2.1
Mpls./St. Paul	1.8	NS	NS	NS
Philadelphia	2.5	3.7	NS	NS
Phoenix	1.7	1.0	1.2	0.9
Seattle	1.4	4.3	NS	NS

NS = Not sampled

* Not included in ADAM report

SOURCE: Arrestee Drug Abuse Monitoring Program, NIJ

According to the Washington, D.C., December 2001 site report, the Pretrial Services Agency in the city recorded increases in the percentages of adult arrestees testing PCP-positive. A comparison of the first quarters of 2000 and 2001 shows the proportion of adult arrestees testing PCP-positive rose from 7 to 10 percent and continued to increase to 13 and 14 percent in the second and third quarters of 2001, respectively. A similar trend continued among juvenile arrestees in the Nation's capital. During the first quarter of 2001, 11 percent of juveniles tested PCP-positive, nearly double the 6 percent recorded in the first quarter of 2000. During the second and third quarters of 2001, 15 percent of juveniles tested PCP-positive.

Los Angeles reported a decline in PCP-related arrests from 103 in the first half of 2000 to 64 during the same period in 2001.

Patterns of PCP Use and Manufacturing

PCP continues to be combined with marijuana or cigarettes in many CEWG areas. In New York City, dipping is a popular form of using PCP—menthol cigarettes are dipped into liquid PCP and marijuana blunts are laced with powdered PCP. According to reports in Minneapolis/St. Paul, PCP-soaked cigarettes and marijuana joints are easily distinguished by their pungent, unpleasant chemical odor. In Washington, D.C., “dippers,” tobacco cigarettes dipped into liquid PCP, sell on the street for \$25 each and are so potent that more than one person can get high from one cigarette. Washington, D.C., also reports that among juvenile arrestees in the Pretrial Services Agency program PCP is only rarely found without a positive test for marijuana as well.

In Washington, D.C., it was reported that many manufacturers of ecstasy will use PCP as a cheap adulterant or even substitute for MDMA in their tablets which the user unknowingly ingests. Similarly, in Texas, tablets containing PCP and methamphetamine are reportedly being sold as ecstasy.

Seizure Data on PCP

In Washington, D.C., seizures of PCP more than doubled from 31 in 1999 to 74 in the first 10 months of 2001. However, Los Angeles reported a decline of 19 percent in PCP seizures between the first halves of 2000 and 2001.

Price Data on PCP

According to CEWG reports, PCP prices appear to be stable since the June 2001 reporting period, with the exception of Los Angeles. There the price of a wholesale gallon of PCP declined to \$7,250 from the \$10,000 per gallon reported in June 2001. Likewise, the street value of a gallon of PCP in Los Angeles dropped from \$150,000 to \$30,000. Exhibit 39 shows PCP prices in seven CEWG areas as reported in December 2001.

In Philadelphia, a bottle of PCP sells for \$5.00. The drug is reportedly “easier to obtain than ever.”

Exhibit 39. PCP Prices in Seven CEWG Areas

Area	Price/Quantity
Chicago	\$10 for 2–3 sticks \$20/dipped cigarette
Dallas	\$10/dose \$500/ounce
Los Angeles	\$7,250/gallon wholesale \$30,000/gallon street price
New York City	\$10/bag
Philadelphia	\$5/bottle
St. Louis	\$350/ounce
Washington, D.C.	\$15–\$25/marijuana- PCP combination \$50/"lid" (packages of PCP- marijuana) \$700–\$950/ounce

SOURCE: CEWG city reports, December 2001

LYSERGIC ACID DIETHYL- LAMIDE (LSD)

Overview

While indicators of LSD are low, it continues to be reported in several CEWG areas and the trends are mixed. According to ethnographic data, the drug's availability ranges from "readily available" in Phoenix to "not easy to find" in Washington, D.C. Additionally, ethnographic and focus group reports indicate that LSD remains popular in two areas but is losing popularity in one. However, the number of ED mentions, which have declined in eight areas and remain stable in two, may point to decreased use. In Washington, D.C., and Baltimore, clubgoers reportedly mix LSD with ecstasy, a practice called "candy-flipping."

LSD use was mentioned in the following 14 CEWG reports:

Atlanta *The rate of LSD ED mentions has declined steadily since 1996, although LSD remains popular according to ethnographic reports. Much of the LSD that comes to Atlanta is mailed in from the western United States.*

Boston *Despite the low treatment and ED indicators for hallucinogens, use of LSD, PCP, mushrooms, and mescaline among adolescents and young adults is not uncommon, as indicated by focus groups. Seizures of these drugs typically increase around the time of large outdoor rock concerts in the spring and summer.*

Chicago *Following a 15-percent increase in LSD ED mentions between 1998 and 1999, a 17-percent decrease was seen from 1999 to 2000. It is too soon, however, to interpret this change as indicating a decrease in LSD use. Recent trends in hallucinogen treatment admissions have been uneven, but overall admissions have been relatively high compared with trends earlier in the decade. Admissions increased steadily from 85 in FY 1992 to 550 in FY 1996. In FY 1997, treatment admissions dropped to 131, but rebounded to 455 in FY 1998 and to 401 in FY 1999. For FY 2000, treatment admissions were up again to 517.*

Detroit *LSD continues to be sporadically reported and use remains relatively low. ED mentions for hallucinogens have been declining overall since about 1995.*

Los Angeles *ED LSD mentions decreased slightly from 229 in 1999 to 217 in 2000. Rates of LSD ED mentions per 100,000 population have remained stable at about 3 since 1996.*

Miami *LSD appears to be losing popularity among young people. There were 55 ED mentions for LSD in 2000. This number has been stable since 1996 but represents a 26-percent decline from the number of LSD cases in 1994. There were 22 LSD cases worked by the Broward Sheriff's Office Crime Lab in the first 6 months of 2001 compared with 52 LSD cases in all of 2000.*

Minneapolis/St. Paul *Hospital ED episodes of LSD declined from 64 in 1999 to 58 in 2000.*

Newark *LSD use remains low in Newark.*

Philadelphia

Spring and autumn 2001 focus group members reported that ecstasy users sometimes use that drug in combination with LSD.

Phoenix *ED mentions for LSD reflect a 14-percent decrease, from 156 in 1999 to 135 in 2000. Various drugs with hallucinogenic properties, including LSD, are readily available throughout the State.*

St. Louis *LSD has sporadically reappeared in the local high schools and rural areas. Much of this LSD is imported from the Pacific coast. DAWN data show a steady presence in ED mentions from 1997 through 2000.*

San Francisco

LSD ED mentions showed no particular trend during the 1997-2000 period.

Texas *DAWN ED mentions of LSD totaled 64, down from a peak of 133 in 1995. Department of Public Safety (DPS) labs identified 405 substances as LSD in 1999, 234 in 2000, and 55 through October 2001.*

Washington, D.C.

Ethnographic reports continue to suggest use of LSD within D.C.; informants, however, cite it as not that easy to find. Liquid LSD is becoming increasingly available on the retail level and DEA agents have encountered LSD in crystal form within the past year. DEA investigators also cite accounts of young adults and clubgoers practicing candy flipping (mixing ecstasy and LSD). LSD ED mentions continue to decline.

DAWN ED Data on LSD

DAWN mentions of PCP in the total coterminus United States totaled only 2,316 in 2000 and showed no significant change from 1999.

Across the 20 CEWG areas included in DAWN in 2000, the number of LSD mentions was too small for estimation in Detroit and totaled only 10 in Newark. In Baltimore, Boston, Miami, Minneapolis/St. Paul, Newark, New Orleans, San Diego, and Washington, D.C., the number of LSD mentions ranged from a low of 35 in New Orleans to a high of 58 in Minneapolis/St. Paul. LSD mentions in Atlanta, Dallas, Denver, New York, St. Louis, and San Francisco ranged from a low of 64 in Denver and Dallas to a high of 74 in St. Louis. In five other CEWG sites, the numbers were somewhat larger: Philadelphia, 104; Seattle, 107; Chicago, 115; Phoenix, 135; and Los Angeles, 217.

Treatment Data on LSD

Across CEWG areas, admissions for primary abuse of LSD were not reported separately from primary admissions for "hallucinogens." However, primary admissions for hallucinogens were very low, with the highest numbers reported in 2000 being 50 in Los Angeles and 103 in Texas.

Availability, Price, and Purity of LSD

LSD appeared to be available in most CEWG areas, except Denver and New York City, where it was not reported. It was available in both the city and most suburbs of Chicago, was readily available throughout Arizona, and could easily be obtained by adolescents and young adults in San Diego. However, its popularity seemed to be waning among young people in Miami. In Washington, D.C., local supplies of LSD came from nearby college towns, while wholesale supplies came from New York, California, and Oregon. Much of the LSD in Atlanta was mailed from the western part of the country; in St. Louis, it was imported from the Pacific coast.

Price. As shown in exhibit 40, prices per LSD dose in reporting CEWG areas ranged from \$0.60–\$10 in Dallas to \$6–\$10 in Fort Worth, Texas, while prices for 100 doses ranged from \$200–\$400 in New Orleans to \$800 in Washington, D.C. These prices were generally similar to those from the June 2001 reporting period, except for Dallas, where the lower limit per dose declined, and Phoenix, where the upper limit per bottle of 90 doses declined. Squares or tabs of “blotter acid”—sheets of paper soaked in LSD—were packaged for sale in small zip-lock bags in Washington, D.C. Also in the Nation’s capital, liquid LSD became increasingly available on the retail level, and DEA agents encountered crystal LSD in the past year.

Exhibit 40. LSD Prices in Nine CEWG Cities and Five Texas Sites

Area	Price/Dose	Other
Atlanta	\$4–\$10	\$1 dose wholesale
Boston	\$5	\$300/100 doses
Chicago	\$5	NR
Honolulu	\$4–\$6	\$225–\$275/100 dose
Minneapolis/ St. Paul	\$5–\$10	NR
New Orleans	\$1.50–\$10	\$200–\$400/sheet
Phoenix	\$4	\$3/dose for 3 or more; \$140–\$150/bottle (90 doses)
St. Louis	\$2–\$4	NR
Texas Dallas Fort Worth Houston Lubbock Tyler	\$0.60–\$10 \$6–\$10 NR \$7 \$5–\$10	NR NR \$160–\$180/bottle NR NR
Washington, D.C.	\$3–\$7	\$800/sheet (100 doses)

SOURCE: CEWG city reports, December 2001

DEXTROMETHORPHAN (DXM)

DXM, a substance found in over-the-counter (OTC) cough and cold medications, was identified as an emerging drug of abuse among adolescents in five CEWG areas. DXM is part of the morphine drug group, and DXM capsules have been sold as ecstasy at raves. Chemically, it is similar to opiates, but it does not produce the same effects as opiates. In low doses DXM can cause an intoxicated energetic feeling. School personnel in Minneapolis/St. Paul and Texas reported problems with abuse of DXM. In Seattle, three deaths during the first half of 2001 involved the drug. In Denver, adolescents have been reported to steal Coricidin HBP (which contains high concentrations of DXM), while case reports regarding DXM are increasing at the Children's Hospital of Michigan.

Denver *A Denver area program reported that its younger clients say DXM is very popular, but it has not yet shown up as a primary drug of abuse. Program personnel stated that adolescents steal Coricidin HBP (which contains 30 milligrams of DXM) from pharmacies and eat 6–12 pills at a time.*

Detroit *Intentional abuse of Coricidin HBP is increasing in case reports to Children's Hospital of Michigan. These tablets contain DXM. Multiple tablets are taken for a dissociative effect; use of up to 40 pills at 1 time has been reported. During 2000, 44 cases were reported, while in the first 10 months of 2001 there have been at least 52 cases involving this drug.*

Minneapolis/ St. Paul

School-based counselors reported the intermittent abuse of DXM. The substance is found in cough medications and sold as a powder or in clear capsules for \$5. Hennepin Regional Poison Center received 62 calls regarding exposures to products containing DXM in 2001 (through October 2001).

Seattle

During the first half of 2001, three deaths involved DXM, an increasingly popular club drug with particularly dangerous interactions when used in combination with other drugs, especially alcohol. This new appearance of DXM in ME reports (substantiated by anecdotal reports) may highlight the increasing popularity of DXM (especially in cough syrup form) over the past year.

Texas

School personnel in Texas are reporting problems with the abuse of DXM, especially the use of Robitussin-DM, Tussin, and Coricidin Cough and Cold Tablets HBP. These substances can be purchased over the counter, and if taken in large quantities, can produce hallucinogenic effects. Poison control centers reported 433 confirmed exposures to Coricidin in 2000, and 188 through three quarters of 2001. DPS labs examined 12 substances in 1999 that were DXM, 34 in 2000, and 6 through October 2001.

INFECTIOUS DISEASES RELATED TO DRUG USE

HIV/AIDS

According to the CDC, injection drug use continues to be a common mode of exposure to HIV, which causes AIDS. As a mode of exposure, injection drug use is second only to male-to-male sex. Cumulatively, through December 2000, 25 percent of adult and adolescent AIDS cases involved injection drug use as the sole mode of exposure and another 6 percent involved the dual categories of injection drug use and male-to-male sex.

Injection drug use continues to be a common mode of exposure among AIDS cases in CEWG areas, although cumulatively cases remained stable or declined in all areas except Illinois between the December 2000 and 2001 reporting periods. Newark cited a decline of 16 percentage points from the June 2001 reporting period, although injection drug use as an exposure mode remained high (40 percent of cumulative cases). Other CEWG areas reporting high percentages of AIDS cases related to injection drug use were New York City (45.0 percent), Philadelphia (36.8 percent), and Massachusetts (35.0 percent). The proportions in the dual category of injection drug use and male-to-male sex remained relatively stable in CEWG areas, at 2–12 percent.

The decline in the proportion of injection drug use exposure among cumulative AIDS patients, however, contrasts with the proportion of injecting drug users (IDUs) among new HIV or AIDS cases in some CEWG areas. In Philadelphia, for instance, “injecting drug use was the identified mode of exposure in over 36 percent of total AIDS cases reported from November 1981 through June 2001, but accounted for over 41 percent of cases identified in the last 12 months of that period.” Similarly, in Chicago the proportion of new AIDS cases attributed to drug injection continued to increase, especially among women. Among San Franciscans diagnosed in 1999–2001, heterosexual IDUs accounted for 17 percent, up from 9 percent among those diagnosed 1993–95. In Washington, D.C., the proportion of cases attributable to injection drug use is

reportedly growing. Preliminary data from Boston show that the proportion of IDUs among new AIDS cases in 2000 (32 percent) decreased from 1999 (38 percent).

Non-Whites continue to account for a disproportionately high proportion of injection-related AIDS cases. In Los Angeles, for instance, Blacks continue as the modal group of IDUs (39 percent), followed by Whites (31 percent) and Hispanics (28 percent). The demography of the cumulative heterosexual IDU caseload in San Francisco has remained relatively unchanged during the past 10 years: 50 percent Black, 35 percent White, and 12 percent Hispanic. Similarly, in New York City, Blacks continue to be the modal group among heterosexual IDUs, accounting for 47 percent, followed by Hispanics (38 percent) and Whites (14 percent).

As in previous years, males constitute the majority of heterosexual injection-related AIDS cases in CEWG sites.

Hepatitis B and C

Hepatitis B. In San Francisco, reported cases of hepatitis B increased in 2001 to about four cases every 3 weeks, up from approximately one case per week from 1996 to 2000. However, in Los Angeles, hepatitis B cases declined by 29 percent during the first half of 2001 compared with the first half of 2000.

Hepatitis C. Because of similar transmission routes, the prevalence of hepatitis C among IDUs in reporting CEWG areas remains high. In Minneapolis/St. Paul, the estimated rate of hepatitis C among methadone patients runs as high as 90 percent. In Washington, D.C., the incidence of co-infection with hepatitis C is increasing among IDUs who are HIV-positive. Among hepatitis C cases reported in Washington, D.C., in February–May 2001, the highest numbers were among IDUs. Similarly, in a survey conducted by the Arizona Department of Health Services in FY 2001, a history of injection drug use was the single largest risk factor for hepatitis C and was reported by 45 percent of respondents. An infection rate of 50–60 percent for hepatitis C was reported among San Francisco area IDUs.

APPENDIX A: Drug Abuse Warning Network (DAWN) Emergency Department Data

This voluntary national data collection system, managed by the Office of Applied Studies (OAS), Substance Abuse and Mental Health Services Administration (SAMHSA), provides semiannual and annual estimates on substance use manifested in visits to hospital emergency departments (EDs) in 21 metropolitan areas, including 20 CEWG areas.

The data are gathered from a representative sample of hospitals in the 21 areas in 48 States and the District of Columbia. Alaska and Hawaii are not included in the sample. With few exceptions, the geographic area boundaries correspond to the 1983 Office of Management and Budget definitions of Metropolitan Statistical Area and Primary Metropolitan Statistical Area. Periodic minor modifications are made to the ED sample to keep it current. Analyses show that such modifications have little impact on trends across time. Various statistical procedures are used to enhance precision in the sampling frame. By the end of 2000, 685 hospitals were included in the sample.

ED data are reported for each “episode” (case or admission) that meets the criteria for “drug abuser,” that is taking one or more substances without proper medical supervision or for psychic effect, dependence, or suicide attempt or gesture. Each drug reported by a patient may be counted as a “mention.” Up to four drugs for each episode may be recorded. Some drugs are classified in a combined category, such as “cocaine/crack,” “heroin/morphine,” “marijuana/hashish,” and “PCP/PCP combinations.”

ED mention data are converted to rates per 100,000 population when sample sizes permit. A probability value of less than .05 is used to determine statistical significance.

Because an individual may be counted in more than one episode in a reporting period, and mention more than one drug, the DAWN ED data cannot be used to estimate prevalence.

APPENDIX B: The Arrestee Drug Abuse Monitoring (ADAM) Program

Managed by the National Institute of Justice (NIJ), the ADAM program is designed to gather drug use data quarterly from arrestees in 35 sites in the United States; 19 of these sites provide data relevant to the CEWG. Data are reported annually by NIJ.

Beginning in 2000, the ADAM instrument for adult arrestees was revised and the adult male sample was based on probability sampling procedures. For these reasons, the 2000 (and beyond) data are not comparable to data collected prior to 2000. In the 2000 analyses, data on adult males, collected in all 35 sites, were typically weighted. Adult female data, collected in most sites, were unweighted. Data on juvenile arrestees, collected at selected sites, continued to be based on the Drug Use Forecasting (DUF) model.

Analyses and reporting of ADAM data focus on urinalysis results. Urinalysis provides confirmation of use of 10 drugs within a 2-3-day period prior to interview using the Enzyme Multiplied Immunoassay Technology (EMIT). The urinalysis tests for use of cocaine, opiates (e.g., heroin),

marijuana, phencyclidine, methadone, methaqualone (Quaalude), propoxyphene (Darvon), barbiturates (e.g., Seconal, Tuinal), benzodiazepines (e.g., Valium, Ativan), and amphetamines. Gas chromatography mass spectrometry (GC/MS) confirms use of illicit methamphetamine and amphetamines and distinguishes them from over-the-counter compounds.

Self-report data on drug use are collected for particular drugs and time periods (past 30 days and past 12 months). Self-report data also cover demographic characteristics and information related to need for and utilization of substance abuse treatment.

As in other arrestee data sets, the rate and type of drug arrest may reflect changing law enforcement practices (e.g., “crack downs” on specific population groups at a specific point in time) rather than prevalence of drug use among the sampled arrestees.

Appendix C: The Domestic Monitor Program (DMP)

Under the jurisdiction of the Drug Enforcement Administration (DEA), the DMP reports on the sources, types, cost, and purity of retail-level heroin. The information is based on actual undercover heroin purchases made by the DEA on streets in 23 cities, 18 of which are in CEWG areas.

The heroin buys provide information on type of heroin (Asian, Mexican, Columbian, or undetermined) and what diluents and adulterants are present in the drug. DMP reports indicate where the buy was made, the brand name (if any), purity level, and price per milligram pure.

By comparing DMP data over time, it is possible to assess changes in price per milligram pure and the sources of heroin purchased in an area. Price and purity for particular drugs can vary across years if there are only small numbers of buys made in a particular area.

APPENDIX D: Total Admissions by Primary Substance of Abuse and CEWG Area

Area	Alcohol only	Alcohol Other Drug	Cocaine/ Crack	Heroin	Marijuana	Stimulants	Other Drug	Total ¹
Atlanta (metro)	NR	1,227	4,077	463	1,121	102	NR	6,990
Baltimore	NR	4,842	3,449	14,316	4,240	6	NR	27,104
Boston	6,025	5,405	2,624	9,839	1,162	13	603	25,671
Denver (County)	8,692	889	454	563	419	107	106	11,230
Detroit (Wayne Co.)	4,112		4,308	4,584	975	6	691	14,676
Los Angeles	9,206	unknown	8,951	22,975	3,553	4,288	678	49,651
Miami (Broward Co.)	NR	NR	1,734	128	2,376	NR	NR	6,422
Mpls./St. Paul	9,639		2,390	554	3,994	532	541	17,650
Newark	NR	256	390	3,706	272	5	179	4,818
New Orleans (Parish)	689	NR	1,211	453	1,089	3	196	3,641
New York	8,905	13,901	14,708	22,126	12,447	138	2,140	74,365
Philadelphia	1,539	NR	1,914	958	865	24	221	5,521
St. Louis	NR	2,096	4,277	1,589	3,131	354	354	11,801
San Diego (County)	1,899	1,974	1,300	1,452	2,447	4,507	232	13,811
San Francisco (Bay Area)	NR	NR	8,727	19,763	2,135	4,505	472	35,130
Seattle (King Co.)	NR	2,967	1,435	1,974	2,108	830	457	9,771
Washington, D.C.	1,269	582	2,074	2,121	484	14	48	6,592
Hawaii	1,185	1,740	550	441	1,443	2,419	232	8,110
Illinois	44,951		31,468	18,422	20,773	1,270	8,718	125,602
Texas	6,292	6,280	10,988	4,518	6,578	1,878	1,866	38,400

NR = Not reported or represents both alcohol only and alcohol in combination.

¹ Total numbers shown may underrepresent total admissions because alcohol only or “other drugs” were not reported.

SOURCE: CEWG December 2000 and 2001 reports and treatment admissions forms, and for Los Angeles, the California Drug Data System